



# Commercial Background Screening Service Authorization Form

**Company Name:** KamBri Solutions LLC

**Company Address:** 350 Northern Boulevard, Suite 324-1410, Albany, NY 12204

**Contact Information:** [info@kambrisolutions.com](mailto:info@kambrisolutions.com) | +1 518-413-1755

**Website:** [www.kambrisolutions.com](http://www.kambrisolutions.com)

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## Client Information

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

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## Applicant Information

**Information to collect from applicant are as follows:**

Full Name, Date of Birth, Place of Birth, Social Security Number, Official ID, and Current Address. Please attach your client list with all required information to this form when submitting.

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## Authorization for Background Screening Services

This form authorizes KamBri Solutions LLC to conduct background screening services on the individual(s) named above on behalf of the requesting client. By signing this document, the client authorizes KamBri Solutions LLC to obtain the necessary information from public and private sources to conduct one or more of the following background screening services:

- Police Record Check (State/Local)
- Disposition
- Incident Report Check
- Traffic Records Check
- Expungement



KamBri Solutions LLC ensures that all background screenings will be performed in accordance with local, state, and federal regulations, including the Fair Credit Reporting Act (FCRA) and other applicable employment laws.

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### **Client Authorization Statement**

I, \_\_\_\_\_ [Client Contact Person], on behalf of \_\_\_\_\_ [Client Company Name], hereby authorize KamBri Solutions LLC and/or its representatives to perform background screening services as outlined above for the purpose of evaluating the suitability of the applicant for employment or contractual work. I acknowledge that the results of the background screening will be used solely for employment purposes and will not be shared with any third parties except as required by law.

I understand that KamBri Solutions LLC will provide a report to \_\_\_\_\_ [Client Company Name] upon completion of the screening, and I accept full responsibility for maintaining the confidentiality of this report.

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### **Service Agreement**

- **Payment Terms:** The client agrees to the [terms of payment](#) as outlined in the service agreement provided by KamBri Solutions LLC.
- **Service Time Frame:** KamBri Solutions LLC will complete the background screening services within 2-3 business days from the receipt of this authorization and any additional required documentation.
- **Confidentiality:** KamBri Solutions LLC will ensure that all information collected during the background screening process is handled with the highest level of confidentiality and security.

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### Credit Card Authorization

I authorize KamBri Solutions LLC to charge my credit card for the total amount of the background check services requested.

**Cardholder Name:** \_\_\_\_\_

**Card Type (Visa, MasterCard, etc.):** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**Expiration Date (MM/YY):** \_\_\_\_\_ **CVV:** \_\_\_\_\_

**Billing ZIP Code:** \_\_\_\_\_

**Amount Authorized:** \$\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Client Consent

I hereby acknowledge that I have read and fully understand the terms and conditions outlined in this form and authorize KamBri Solutions LLC and/or its representatives to perform the requested background screening services.

**Contact Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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### KamBri Solutions LLC Representative

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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### Confidentiality Notice:

All information collected during the background screening process will be kept strictly confidential and used only for the purposes of employment or admission evaluation. KamBri Solutions LLC abides by all applicable privacy and data protection laws.