



JACKSONVILLE, FL
1-888-YOU-VERIFY phone
1-888-968-8374 Fax
E-mail: SALES@INFOCHECKUSA.COM

PERMISSION TO CONDUCT BACKGROUND CHECK

Applicant's Name: _____

Applicant's Date of Birth: ___/___/___ Applicant's SS#: _____-_____-_____

Drivers License #: _____ State Issued: _____

Address #1 _____

City: _____ State: _____ County: _____ Zip _____

Address #2 _____

City: _____ State: _____ County: _____ Zip _____

Address #3 _____

City: _____ State: _____ County: _____ Zip _____

- checkbox Criminal Records checkbox Driving Records checkbox Civil Records checkbox Professional License
checkbox Credit History checkbox National Wants/Warrants checkbox Worker's Comp checkbox Abuse Registry
checkbox Degree Verification checkbox Employment Verification checkbox Social Trace checkbox Federal Records

Company requesting the background inquiry: _____

Date of Request: ___/___/___ Company Fax #: _____

This form constitutes a request for services. The services will be provided by INFOCHECKUSA.com., hereafter "ICU". The Client agrees that it shall be responsible for any and all actions that it takes based on any reports ICU provides. The Client shall defend, indemnify, and hold ICU and/or its subcontractors harmless from any and all losses, claims, demands, liability, causes of action, judgements, costs, and attorney fees arising out of this Agreement, except to the extent that ICU is negligent. The Client hereby agrees to hold ICU and its officers, agents, employees, subcontractors, and independent subcontractors harmless on account of any expense, cost, or damage resulting from the publishing by the Client, or the employees, agents, or independent subcontractors of the Client, of any report information provided by ICU contrary to the terms of this Agreement or applicable laws, rules, or regulations. The Client certifies that the information in the reports from ICU will not be given to or resold to any other person or user and that the requests for information will not be made except within compliance with U.S.C. 1681, et seq., titled the Fair Credit Reporting Act. The Client agrees not to disclose the contents of the reports provided to the applicant hereafter "Subject". The Client understands that they are obligated to inform the Subject of any report provided hereunder if adverse action was taken in whole or in part based on that report. If the Subject would like to review his/her report, the Client shall refer the subject to ICU for disclosure. It is agreed and understood that ICU does not warrant, vouch for, or authenticate the reliability of the information provided hereunder, except that the information has been accurately reported from the source. The client gives signed permission to ICU to investigate, Criminal, Credit and Driving histories, as well as any other information listed on the employment, leasing application. The subject has been informed all information will be held in confidence. Client also agrees that all reports can take 24 to 48 courthouse hours to retrieve.

Company Representative: -----Date: -----/-----/-----

Prospective Employee: -----Date: -----/-----/-----