

# RELEASE AUTHORIZATION

In connection with my application for employment, I understand that an investigative consumer report may be requested of my character, work habits, performance and experience, along with any reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described you may be requesting information from public and private sources about my workers compensation injuries, driving record, criminal history, education, credentials, credit and references.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from the consumer-reporting agency. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted by any person or entity, which provides information pursuant to this investigation consent. I additionally acknowledge that a telephone facsimile (fax or photo copy) shall be as valid as the original.

This information is being verified by ICA. Any information or questions should be directed to the following address:



ICA, Inc.  
272 Snow Drive, Suite 103  
Birmingham, AL 35209

\_\_\_\_\_  
Date Signature

The following must be filled out completely for your application to be considered. (PLEASE PRINT)

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Maiden Name/ Other Names Used

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number Date of Birth

\_\_\_\_\_  
Driver's License Number State of Issue

## NOTARIZATION NOT REQUIRED UNLESS SPECIFICALLY REQUESTED.

If using an embossed seal, please shade with a black pencil or crayon to show raised area when faxing.

Subscribed and sworn before me,

\_\_\_\_\_  
On this \_\_\_\_\_ day of

\_\_\_\_\_  
\_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

## EMPLOYER COMPLETE THE FOLLOWING

Employer is to complete this section and Mail, Scan or Fax to ICA. (address above)

PHONE: 205-945-8087  
877-347-6913

FAX: 205-945-3037

E-MAIL: [msmith@icabackgrounds.com](mailto:msmith@icabackgrounds.com)

Do you want ICA to Fax results?

Yes  No

NOTE: Faxed results will not be mailed.

\_\_\_\_\_  
CUSTOMER NUMBER

\_\_\_\_\_  
YOUR NAME

\_\_\_\_\_  
COMPANY NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE/ZIP

\_\_\_\_\_  
FAX NUMBER PHONE NUMBER

\_\_\_\_\_  
E-MAIL

## CHECK ALL THAT APPLY

- Criminal Search
- Social Security Trace
- National Sex Offender
- National Background Database
- MVR (driving record)
- Credit Report (home address required)
- Tenant Screening
- OIG/GSA
- Terrorist/Homeland Security Search
- Education Verification
- Employment Verification
- Professional License
- Personal References
- Business Reference Check
- Civil Records Search
- Federal Search
- Worker's Compensation Search
- Substance Abuse Drug Screening