

# PSI, Incorporated

## Authorization to Investigate and Verify Personal Background Information

### READ CAREFULLY BEFORE SIGNING:

I voluntarily and knowingly authorize for employment / volunteer purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, consumer reporting agency, private business, military branch or the National Personnel Records Center, personal reference, and/or other persons to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, worker's compensation claims, general reputation, character, or any other information requested to Personnel Systematic Investigations, Inc. and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original. In compliance with the 1990 Americans with Disabilities Act, a worker compensation search may only be requested when a conditional job offer exists.

I understand and agree that any misrepresentation or omission made by me regarding my Employment / Volunteer Application or any supplement hereto will be sufficient grounds for immediate termination.

Other Names Used (Maiden, Divorced, Alias, Etc.)

Signature

Date

Print Name

THE FORM ABOVE MUST BE SIGNED BY APPLICANT

Complete below if the applicant has lived in any of the following states:

- Alaska
- Georgia
- Pennsylvania
- Washington

I \_\_\_\_\_, authorize the State of (please check below):

\_\_\_\_\_ Alaska  
\_\_\_\_\_ Georgia  
\_\_\_\_\_ Pennsylvania

\_\_\_\_\_ Washington

To release my driving record to Personnel Systematic Investigations, Inc. and/or its agent.

Signature

Date

PSI Form 703  
Rev. 12-18-07

