

## PERMISSION FOR EMPLOYMENT BACKGROUND CHECK

Please print out this form, complete in black ink and fax to us at 858-279-6580.

### Acknowledgement and Consent for Employer to obtain Consumer Reports and Criminal Record Information

By signing below, I acknowledge that the employer named below through Progressive Veterinary Management Services may obtain any or all of the following information on me as part of Employer's review of my application for employment and in the future when considering me for promotion, reassignment and/or retention as an employee, and I hereby authorize the following information to be obtained:

1. Credit history reports (consumer reports).
2. Criminal conviction background checks through review of court and similar official records.
3. Reports from local departments of motor vehicles concerning my motor vehicle licensing, accidents, traffic citations and other violations of motor vehicle laws.
4. Education verifications, which may include, but are not limited to, interviews with schools and universities attended.
5. Professional license and certification verifications.
6. Social security number verifications.
7. Employment verification through interviews with former or existing employers concerning my employment history, terms and performance.

In obtaining employment verifications or any of the foregoing reports or information, Employer may obtain information on my character, general reputation, mode of living, and personal characteristics.

I voluntarily, knowingly and unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information.

According to the **FAIR CREDIT REPORTING ACT**, I am entitled to know if employment is denied because of information obtained from a Consumer Reporting Agency. I will be so advised and be given the name of the agency or source of information.

Upon my request or as otherwise required by law, I understand I will be told whether any of the foregoing reports were requested and the names and addresses of any consumer reporting agency that provided such reports. I understand that I have the right to request and obtain from Employer a complete and accurate disclosure of the nature and scope of any investigation required to obtain employment verification.

Employer Name: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS #: \_\_\_\_\_ State Issued & Drivers License #: \_\_\_\_\_

Certifications Held: \_\_\_\_\_ Year Issued: \_\_\_\_\_ State Issued: \_\_\_\_\_

License Held: \_\_\_\_\_ Year Issued: \_\_\_\_\_ State Issued: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

If less than three years: Previous Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date