

CA PERMISSION FOR CRIMINAL BACKGROUND CHECK

Please print out this form, complete in black ink and fax to us at 858-408-2940.

Acknowledgement and Consent for Employer to Obtain 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. Criminal conviction background checks through review of court and similar official records.
2. Social security number verifications.

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

Completed by Employer

Name of Practice: _____

Address: _____

Contact Name & Title: _____

Phone Number: _____

Completed by Employee/Candidate:

Candidate Name: _____ Middle: _____

Last Name: _____ Date of Birth: _____

SS #: _____ State Issued & Drivers License #: _____

Current Street Address: _____

City: _____ ST: _____ Zip: _____

Federal District: _____ County: _____

Must be filled in by employee/candidate

Candidate Signature

Date

I wish to have a copy of the results of this report. [] Yes

[] No