

Notification and Authorization To Conduct Background Investigation

I hereby authorize Investment Realty, LLC or its agents SINGLESOURCE SERVICES CORPORATION to investigate my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, including, but not limited to a credit check, driver's license history, educational background, military record, criminal records and more through an investigative or credit agency or bureau of your choice I authorize the release of this information by the appropriate agencies to the investigating service. I understand that this may include a workers compensation claims search after a conditional job offer has been made. I also understand that I may be required to take a drug test before or during employment.

This authorization, in original or copy form shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

FULLNAME: _____ SSN _____

OTHER NAMES OR SSN USED: _____

CURRENT ADDRESS _____
Street City State Zip

PHONE: (____) _____

LIST ALL ADDRESSES FOR PAST 7 YEARS: (show others on back and check here _____)

_____ DATES _____
Street Address City State Zip

_____ DATES _____
Street Address City State Zip

DRIVER'S LICENSE# _____ STATE _____ DOB ____/____/____

(dob is optional and is only used for identification purposes in screening inquiries)

***MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO

***HAVE YOU EVER BEEN CONVICTED OF A CRIME? _____ YES _____ NO

This includes but is not limited to pleas of guilty, nolo contendere, no contest, adjudication withheld, and pre trial intervention programs. If YES show details including date, charge, county, disposition on rear.

SIGNATURE: _____

DATE: ____/____/____

For Investment Realty LLC Office Use

Fax to: (904) 241 0601

Client Ref:

Email to checkit@singlesourceservices.com

Please carry out the services checked below:

<input type="checkbox"/>	Statewide Criminal (State _____)	<input type="checkbox"/>	Drug Screen - Offsite	<input type="checkbox"/>	Employment Verification (attach job application)
<input type="checkbox"/>	County Criminal (County _____)	<input type="checkbox"/>	Discovery	<input type="checkbox"/>	References (attach job application)
<input type="checkbox"/>	Residential Trace w/7 Year Criminal	<input type="checkbox"/>	Credit Check	<input type="checkbox"/>	Education Verification
<input type="checkbox"/>	Residential Trace	<input type="checkbox"/>	Driving History	<input type="checkbox"/>	Professional License