

# SAFE-T-WORKS, INC.

Drug & Alcohol Testing and Pre-Employment Services  
1029 Sunset Avenue, Asheboro, NC 27203  
Phone: 336-736-8038 Fax: 336-736-8042

## Background Investigation

Please perform a background investigation on the following (please PRINT all information):

\_\_\_\_\_  
Last Name First Name Middle Name Maiden Name

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

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Prior Street Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
FULL Date of Birth Social Security Number Gender: M F

Race: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Signature of Authorization

FCRA: 1) Signing this authorizes a background investigation. 2) You may not be hired or your employment continued based on our report. 3) You will be told if that is the intent. 4) You can view the report and dispute items you feel are erroneous with us or the source.

I hereby authorize the release to Safe-T-Works, Inc., any information held by any parties regarding my prior employment, criminal, credit, driving, workers comp. and educational history as well as information regarding my general character and reputation. I release any providers of such information from any liability for providing same. I understand the information may be reviewed initially and periodically by Safe-T-Works and reported to my prospective/actual employer. I agree falsification may make me ineligible for employment or subject to immediate dismissal, if hired. I further acknowledge that Safe-T-Works is relying on third party information and I therefore release Safe-T-Works, my prospective employer, and their respective owners, officers, agents and employees from any and all liability arising out of errors or omissions. If not hired, I understand I do have certain rights under FCRA laws.

Please check the appropriate box below:

- Multi-State with Identitrace (National)  State \_\_\_\_\_
- Identitrace (Social Security & Address Verification only)  National Sex Offender
- Other \_\_\_\_\_  Federal Courthouse Search
- Driver's License Check \_\_\_\_\_  Credit History  
Driver's License Number & State

Requested by: Kolby with the Town Of Liberty (Parks and Recreation)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Today's Date

Please fax to Safe-T-Works, Inc at 336-736-8042  
or email [carriecallcutt@safetworksinc.com](mailto:carriecallcutt@safetworksinc.com)