

Employee Background Check Form

Please have each employee who will work on this project prepare one of these forms ONLY IF A BACKGROUND CHECK IS A REQUIREMENT OF YOUR SPECIFICATION:

Full Formal Name or Employee: _____

Address: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Date of Birth: _____ Place of

Birth: _____

Social Security Number: _____

Project Name: _____

I authorize Architect's Security Group, Inc. and any investigator assigned by them to make pre-employment investigations before I am allowed to work on the project they are in charge of, as well as any other investigations it deemed necessary during the term of my employment on that project.

I authorize all previous employers, educational institutions, credit, and other agencies to furnish to Architect's Security Group, Inc. and any investigator hired by them, any record they may have, reason for leaving, and all other information they may have concerning me.

I also understand and authorize that an investigation and report may be made at any time whereby information is obtained through personal interviews with third parties, such as family members, business associates, previous employers, educational institutions, financial sources, friends, neighbors, or others with whom I am acquainted..

This inquiry may include information as to my conduct, incidents in which I may have been involved or questioned about, my reasons for leaving an employer or institution, character, reputation, personal habits, and personality and mode of living. I am hereby informed by Architect's Security Group, Inc. that I have a right to make a written request within a reasonable time for a complete and accurate

disclosure of additional information concerning the scope of an investigation made for this employment.

Architect's Security Group, Inc. is acting on behalf of the owner of the project I plan to work on. If I am found to be unsuitable for work on this project, they will provide me with a reason for this restriction if I request it. They are authorized to share their reasons for not permitting me to work on this project, and only this information, with my employer.

Signature

Print Name Date