



HAWK PRIVATE INVESTIGATIONS

Corporate & Civil Investigations

BACKGROUND HISTORY VERIFICATION WAIVER & RELEASE FOR CONFIDENTIAL RECORDS

I, _____, hereby authorize Hawk Private Investigations, Inc., its subsidiaries, affiliates, employees and agents to conduct a complete, unlimited background investigation on myself. I fully understand and authorize the making of inquiries of and request for information from, but not limited to, any individuals, present and former employers, schools and colleges, credit bureaus, medical information bureaus, criminal investigation bureaus, courts, local, state and/or federal agencies, and any other entities that may possess information concerning me. I also authorize the above described sources to release all information requested and I release those sources from any liability arising from any information released that stems from this request. I understand that such records may include, and I specifically authorize the company to perform the following checks on my credentials: reasons for termination of employment, reasons for discharge from military service, criminal history record to include any and all arrest and conviction records, worker's compensation claim files, educational records, motor vehicle reports, credit reports and any other information the company deems appropriate and that would not otherwise be obtainable without my prior consent. I understand that the information that is obtained from this background investigation is limited to the use of this background investigation. Hawk Private Investigations, Inc., its subsidiaries, affiliates, employees and agents are held under the conditions of confidentiality. The client assumes responsibility for the subsequent use or disclosure of the background investigation. Furthermore, I agree to hold harmless Hawk Private Investigations, Inc. et al for any and all actions of their client(s) that do not conform to any and all local, state, or federal laws, regulations, labor agreements, or other similar legal requirements. I certify that all statements made by me herein are true and correct.

Signature: X _____

Last		First		Middle	
Alias/Maiden Name (If Applicable)			Sex	Race	
Date of Birth (MM/DD/YY)		Social Security Number			
Driver's License Number			State of Issue		
Full Name as it appears on Driver's License					
Degree/Major		Name & Address of University			Dates
Degree/Major		Name & Address of University			Dates
Current Address		City/State	Zip	Phone	Dates
Previous Addresses (Past 5 yrs)					
Previous Employers (Past 7 yrs)					

FOR OFFICIAL USE ONLY (CIRCLE) CRIMINAL CREDIT MVR EMP VER ED VER

**** Please attach a copy of current driver's license for person/persons signing on the signature line.**

Atlanta • Athens • Augusta • Columbus • Gainesville • Macon • Savannah

Hawk Private Investigations, Inc.
 400 Galleria Parkway
 Suite 1500
 Atlanta, GA 30339

Phone: (770) 760-0071
 Fax: (770) 788-0372
 Web: www.hawkpi.com
 GA License # PDC000918