MORGAN HUNTER COMPANIES BACKGROUND CHECK REQUEST & AUTHORIZATION

Νá	ame:,					
Last Name Other Names (e.g. Maiden Name) _ Social Security #				M.I.	Jr., Sr., Etc	
				(For ID purposes only)		
Dr	ivers License #	State of I	ssuance:	_		
1)	Current Address:		Apt #	City_		_
	County:	_ ST:	ZIP:	From:	To:	
2)	Previous Address:		Apt #	Cit	у	
	County:	ST:	ZIP:	From:	To:	
3)	Previous Address:		Apt #	Cit	<i>y</i>	_
	County:	ST:	ZIP:	From:	To:	
4)	Previous Address:		Apt #	Cit	<i>y</i>	_
	County:	ST:	ZIP:	From:	To:	
<u> AF</u>	PPLICANT AUTHORIZATION					
1)	All information I have submitted in this runderstand that false information will be agents, the right to process this request criminal record, police record, consumer corporations, companies, academic insemployers to release information they make the control of	cause for dispose and to verificate credit report a titutions, law	missal. I hereby a fy all information, and motor vehicle enforcement agen	authorize the Morg including conduct record information ncies, credit bure	gan Hunter Companies, ting a background chec n. Additionally, I authoriz aus and current and fo	or its ck for ze all ormer
2)	I hereby state that I am a prospective employee and authorize Morgan Hunter or its agent(s) to obtain my abstract o driver record from the appropriate state agency, to be used exclusively by the Morgan Hunter Companies or its agent to determine whether I should be employed to operate a motor vehicle upon the public highways of the state and or for the purpose of underwriting insurance in connection with such employment.					
3)	I authorize the Morgan Hunter Companies or agent(s) to use facsimile or electronic means, such as e-mail or internet, to communicate the contents of this release or report to company or agent.					
4)	The undersigned agrees that this reque Companies. A photographic, faxed, or el					unter
	Signature:			Date [.]		

Applicant Signature