DGA DETECTIVES TM



Established 1992

Your Intelligence Advantag

TO:	Subject Information:
	Name:
	SSN:
	DOB:
	DL#:
AUTHORIZATION TO CONDUCT A B	ACKGROUND INVESTIGATION
To whom it may concern:	
I hereby authorize DGA Detectives, The Dale Guwritten communication, telephone, or in person, reporting agency, governmental agency, education medical establishment, or other persons knowledge organizations or individuals with knowledge as to of duties, work hours, wages, performance levels, any other measures of my character or personality.	to any former employer, creditor, credit- in institution, military establishment, doctor, eable of my background. This applies to all my medical history, work experience, nature
In consideration for your furnishing such informationship or privacy privilege which may exfrom any responsibility or liability for damages which this information.	ist between us and completely release you
A photocopy, Xerox copy, facsimile or any other shall be as equally legally valid as the original.	copy of this instrument bearing my signature
This waiver shall remain in effect for 90 days from employment with the employer for which this waiver	
Signature:	Date:
Employer/Agency Requesting Background Investiga	tion:
DGA Investigator Assigned as Case Manager:	

The following information will be used solely for the purpose of conducting a background investigation and will be maintained as "confidential" from any other purpose. We will also be using your resume and standard job application form to conduct the investigation. Any false or misleading information you provide will be grounds for elimination from the hiring process or termination from employment.

Use a Black Pen to print the information clearly on this form. Information that is illegible will be construed as being an attempt to conceal information or deceive the investigating Agent.

Identifying Information		
Full Name - First, Middle, Last, suffex	Date of Birth	
City, State of Birth	Social Security Number	
Current Address: Street, Apartment, City, State, Zip code	Years at Residence	
Previous Residence: Street, Apartment, City, State, Zip code	Years at Residence	
Previous Residence: Street, Apartment, City, State, Zip code	Years at Residence	
Use Addendum section of page 3 if additional space is needed to provide 10 year residential history		
Honesty & Integrity		
 Have you ever been convicted of a Felony? >>>>>>>> Have you been convicted of <u>Domestic Violence</u> within the Have you been convicted of <u>Driving Under the Influence</u> Have you been convicted of <u>Illegal Use of a Controlled S</u> Do you currently use any type of illegal drug or controlled Are you currently using a prescribed medication that may Would you refuse to take a drug test as a requirement of Have you filed for Bankruptcy in the past 8 years?>>>> 	in the past 7 years? >>>>>> ubstance in past 7 years? >>>>> substance? >>>>>>> impact your judgment? >>> employment? >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	
9. Have you received a less than honorable discharge from the U.S. Military? >>>>>		
10. Have you ever been denied a security clearance for work in the United States? >>>> If you answered yes to any of these questions, use the addendum section of page 3 to give detailed information as to the date, charge, jurisdiction and other circumstances or information as required. Answering yes will not automatically eliminate or reduce your chances of employment, but lying about any of the above will		

ADDENDUM TO QUESTIONS & INFORMATION

This is your section to complete the information from the previous pages, and to add information that you believe is important for the investigator to know when doing your background investigation. Be sure to use black ink and write clearly.
I have read and reviewed the above (pages 1-3) and can confirm that they are true and accurate.
Signature: Date: