

## Checklist for Background Check

**Company requesting the background check:** \_\_\_\_\_

**Contact Person :** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**FAX number:** \_\_\_\_\_

These items should be mailed or faxed to:

Great Northern Sentry Company

104 Francis St.

Jackson, MI 49201

fax (517) 783-4290

\_\_\_\_\_ Release Forms - Signed and witnessed

\_\_\_\_\_ Application

\_\_\_\_\_ Consent Form

\_\_\_\_\_ Copy of Drivers License and Social Security card with signature  
of the person who copied them

## PRE-EMPLOYMENT BACKGROUND CHECK APPLICANT'S RESEARCH INFORMATION

PLEASE FILL OUT ALL REQUESTED INFORMATION COMPLETELY, IN YOUR OWN HANDWRITING. DO NOT WRITE "SEE RESUME" IN ANY SPACE. BE AS THOROUGH AS POSSIBLE.

NAME:		CURRENT PHONE #:			
ALIAS(S) - MAIDEN NAME:		CITIZEN?	ALIEN REG. #:		
CURRENT ADDRESS:	(STREET)	(APT #)	(CITY)	(STATE)	(ZIP)
PREVIOUS ADDRESS:	(STREET)	(APT #)	(CITY)	(STATE)	(ZIP)
PREVIOUS ADDRESS:	(STREET)	(APT #)	(CITY)	(STATE)	(ZIP)
SOCIAL SECURITY #:	DRIVERS LICENSE - STATE & #:		DATE OF BIRTH:		
PLACE OF BIRTH:	MILITARY SERVICE/BRANCH:		RANK:	DISCHARGE / YEAR:	
GRADE SCHOOL:	CITY/STATE		GRADUATE?	YEAR:	
HIGH SCHOOL:	CITY/STATE		GRADUATE?	YEAR:	
TRADE / TECHNICAL SCHOOL:	CITY/STATE		DEGREE?	YEAR:	
COLLEGE:	CITY/STATE		DEGREE?	YEAR:	
OTHER TRAINING:	CITY/STATE		CERTIFICATE?	YEAR:	
MOST RECENT EMPLOYER:			ADDRESS / CITY / STATE		FROM / TO?
PHONE #:	POSITION / DUTIES:		REASON FOR LEAVING:		
PREVIOUS EMPLOYER:			ADDRESS / CITY / STATE		FROM / TO?
PHONE #:	POSITION / DUTIES:		REASON FOR LEAVING:		
PREVIOUS EMPLOYER:			ADDRESS / CITY / STATE		FROM / TO?
PHONE #:	POSITION / DUTIES:		REASON FOR LEAVING:		
PERSONAL REFERENCE / NAME	ADDRESS / CITY / STATE		PHONE #:	YEARS:	
PERSONAL REFERENCE / NAME	ADDRESS / CITY / STATE		PHONE #:	YEARS:	
PERSONAL REFERENCE / NAME	ADDRESS / CITY / STATE		PHONE #:	YEARS:	

**RECORD RELEASE AUTHORIZATION**  
**CRIMINAL HISTORY**

I, \_\_\_\_\_, do voluntarily authorize:

\*Any and All TOWNSHIP, MUNICIPAL or COUNTY LAW ENFORCEMENT AGENCIES.

\*Any and All STATE LAW ENFORCEMENT AGENCIES.

~~\*Any and All FEDERAL LAW ENFORCEMENT AGENCIES.~~

\*Any and All of their AGENTS, REPRESENTATIVES or CONTRACTORS.

to release any and all information they may have concerning me and any possible criminal convictions, civil or domestic complaints history, including current actions and pending charges or cases to: GREAT NORTHERN SENTRY COMPANY, a Private Investigation Corporation, both now in the application process and at any point during my employment.

I agree to hold GREAT NORTHERN SENTRY COMPANY, and any other agency, organization or individual, harmless for any damages that may arise from the lawful release and/or subsequent dissemination or use of that information. My signature on this form indicates that I have read, understand, and agree to the terms set forth on this document.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witnessed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**RECORD RELEASE AUTHORIZATION**  
**MVR/DRIVING HISTORY**

I, \_\_\_\_\_, by my signature n this form, do voluntarily authorize:

\*Any and All LAW ENFORCEMENT AGENCIES,

\* THE STATE DEPARTMENT OF MOTOR VEHICLES of any and every State,

\*Any and All SECRETARIES OF STATE or any other similar State Authority,

\*Any and All REPOSITORIES OF SUCH RECORDS,

\*Any and All of their AGENTS, REPRESENTATIVES or CONTRACTORS.

to release any and all information they may have concerning me, my driving records and history, and any other relevant information, including current actions to: GREAT NORTHERN SENTRY COMPANY, a Private Investigation Corporation, both now in the application process and at any point during my employment.

I agree to hold GREAT NORTHERN SENTRY COMPANY, and any other agency, organization or individual, harmless for any damages that may arise from the lawful release and/or subsequent dissemination or use of that information. My signature on this form indicates that I have read, understand, and agree to the terms set forth on this document.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witnessed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# GREAT NORTHERN SENTRY COMPANY

## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_, hereby authorize Great Northern Sentry Company and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment.

I release Great Northern Sentry Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Full Name (Printed)

\_\_\_\_\_  
Maiden Name or Other Names Used

\_\_\_\_\_  
Present Address How Long?

\_\_\_\_\_  
City / State Zip

\_\_\_\_\_  
Former Address How Long?

\_\_\_\_\_  
City / State Zip

\_\_\_\_\_  
\*Date of Birth Social Security Number Driver's License Number State of License

\_\_\_\_\_  
Signature Date

*\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. We are an Equal Opportunity Employer, and do not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.*



# E.L. Hollingsworth & Co., Inc.

Hollingsworth Expedited Lane Partners / Chieftain Contract Services

To: Sharon Belliel / Keith A Klingenberg  
Wells Fargo Insurance Agency of Michigan, Inc..

**Fax: 616-454-1718**

From: \_\_\_\_\_  
Company: E L Hollingsworth & Company

## REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize Wells Fargo Insurance Agency of Michigan, Inc. its agents, affiliates, successors and/or assigns to release the following information to: E L Hollingsworth & Company. Wells Fargo Insurance Agency of Michigan, Inc. is released from any and all liability, which may result from furnishing such information.

\_\_\_\_\_  
(Driver's Signature)

\_\_\_\_\_  
(Date)

1. In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law No. 91-508, I hereby certify that the information requested below will be used for a "permissible purpose" as defined in the Act, and that the information received will be used for no other purpose.
2. I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615(a) of the Fair Credit Reporting Act.

\_\_\_\_\_  
(Signature of Employer)

\_\_\_\_\_  
(Date)

The following named person has made application or is a current employee with our company. Please furnish the undersigned with the applicant's driving record for the past five years.

NAME OF DRIVER/APPLICANT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVER'S LICENSE NUMBER \_\_\_\_\_

STATE LICENSED \_\_\_\_\_

*For Purposes of this Authorization and Waiver, a photocopy and/or facsimile copy of all signatures on this form shall have the same force and effect as original signatures.*