

Rep: \_\_\_\_\_

**BACKGROUND CHECK  
AUTHORIZATION AND RELEASE FORM**

**\*\*THIS FORM CANNOT BE PROCESSED IF INCOMPLETE, ILLEGIBLE, OR INACCURATE!!\*\***

I, \_\_\_\_\_, do hereby authorize ALL FACTS, INC.  
(PLEASE PRINT FULL LEGAL NAME)

to obtain any information regarding my credit, traffic information, including history of violations and status of Driver's License, education history, and employment history including evaluations. Said information is to be released to ALL FACTS, INC., for dissemination to **WHARTON MANAGEMENT, INC.** I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Driver's License or ID # \_\_\_\_\_ State \_\_\_\_\_

Name as it appears on Driver's License \_\_\_\_\_

SSN#: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Other Names, Maiden Names, 1) \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
or Aliases used since 2004: mm/yy mm/yy

2) \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
mm/yy mm/yy

How many consecutive years have you lived in Georgia? \_\_\_\_\_

Please print addresses (including city/state/zip code/dates) for **PAST 7 YEARS.**  
(If any additional space is needed, please use separate sheet.)

1. \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
mm/yy mm/yy

2. \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
mm/yy mm/yy

3. \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
mm/yy mm/yy

4. \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
mm/yy mm/yy

5. \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_  
mm/yy mm/yy

Date of active military service (if applicable or N/A if none): From \_\_\_\_\_ To \_\_\_\_\_  
mm/yy mm/yy

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The following is required for criminal record identification purposes only:

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

**CONSENT FORM**

I hereby authorize **ALL FACTS, INC./WHARTON MANAGEMENT, INC.** to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia or any other State.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

AUTHORIZATION AND RELEASE FORM

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I, \_\_\_\_\_, do hereby authorize ALL FACTS, INC. and  
(PLEASE PRINT FULL LEGAL NAME)  
it's agent, NATIONAL SOURCE PUBLIC RECORDS, INC., to obtain any information regarding my credit. Said information is to be released to ALL FACTS, INC. for dissemination to **WHARTON MANAGEMENT, INC.** I further release and hold harmless any employee of ALL FACTS, INC. and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

SSN#: \_\_\_\_\_

Other Names, Maiden Names,      1) \_\_\_\_\_  
or Aliases used since 2004:

2) \_\_\_\_\_

Current address: \_\_\_\_\_

Previous address: \_\_\_\_\_

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I acknowledge my right to dispute any information found and I have received a Summary of My Rights Under the Fair Credit Reporting Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date