

# SUNSHINE RESEARCH INC.

Your Company Name: \_\_\_\_\_

I \_\_\_\_\_, hereby authorize Sunshine Research, Inc. and/or its agent to make an independent investigation of my background, references, character, last employment, education, motor vehicle, 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 in my application and/or obtaining other information that may be relevant to my qualifications as an employee or agent of this company both before and during employment. A photocopy of this authorization has the same force as the original. I hereby waive written notice from any former employer and any person who may provide information based on this form and their agents from liability arising from the release of such information. I understand that this application is not a contract, offer or promise of employment and is for verification purposes only. Furthermore, I understand that such searches may be performed both prior to employment as well as during my employment at the employers will. I will release Sunshine Research Inc. and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims or law suits in regard to the information obtained from any and all 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:

\_\_\_\_\_  
Last name, First Name and Middle Name (Printed; As it Appears on your Social Security Card)

\_\_\_\_\_  
Maiden or other names used (Printed) Sex (M or F)

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

\_\_\_\_\_  
City, State, Zip County

\_\_\_\_\_  
Previous Street Address How Long

\_\_\_\_\_  
City, State, Zip County

\_\_\_\_\_  
Social Security Drivers License#/State Issued Date of Birth

\_\_\_\_\_  
Signature

**Employer Portion:**

\_\_\_\_\_  
**Services Needed:** County Criminal \_\_\_ Credit \_\_\_ Motor Vehicle \_\_\_ Social Security Trace \_\_\_  
Statewide Criminal \_\_\_

**Counties or state to be searched:** \_\_\_\_\_

**FOR VERIFICATION PURPOSES ONLY\* FAX TO 888-785-7451**