



# Advanced Staffing Associates

55 Whiting Street, Suite 1B, Plainville, CT 06062 / Tel: (860) 747-6406 / Fax: (860) 793-6044 / [www.advstaff.net](http://www.advstaff.net)

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## **Acknowledgement and Authorization Regarding Background Investigation**

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I hereby authorize the obtaining of “consumer reports” about me by Advanced Staffing Associates at any time during the hiring process and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by SentryLink LLC, 7500 Greenway Center Drive, Suite 1040, Greenbelt, MD 20770, (877) 736-8791 with website [www.sentrylink.com](http://www.sentrylink.com), another outside organization and/or Company itself. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC an agent of Advanced Staffing Associates to make a thorough check of my past Employment, Education, and activities.

I release from liability all persons, companies, and corporations supplying that information. I release and indemnify Advanced Staffing Associates and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

Printed Name: \_\_\_\_\_

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

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

EMPLOYEE/APPLICANT

SENTRY LINK BACKGROUND AUTHORIZATION FORM

\_\_\_\_\_  
 Last Name Middle First Name  
 \_\_\_\_\_  
 Other Name(s) Maiden/Married

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Social Security Number Date of Birth Driver's License Number State  
 \_\_\_\_\_  
 Email Address \_\_\_\_\_

RESIDENCES (Starting with current)

\_\_\_\_\_  
 Street Address City/State/Zip How Long? \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address City/State/Zip How Long? \_\_\_\_\_

CURRENT EMPLOYER

\_\_\_\_\_  
 Name of Organization Phone Number  
 \_\_\_\_\_  
 City/State/Zip Position May we contact? Yes  No

PREVIOUS EMPLOYMENT

1. \_\_\_\_\_  
 Name of Organization City/State/Zip Phone Number  
 \_\_\_\_\_ to \_\_\_\_\_  
 Position Date of Employment  
 2. \_\_\_\_\_  
 Name of Organization City/State/Zip Phone Number  
 \_\_\_\_\_ to \_\_\_\_\_  
 Position Date of Employment

SCHOOL(S) ATTENDED

High School \_\_\_\_\_  
 Name of School City/State  
 College \_\_\_\_\_  
 Name of School City/State Dates Attended Year Graduated  
 Other \_\_\_\_\_  
 Name of School City/State Dates Attended Year Graduated

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Race \_\_\_\_\_ Sex Female  Male  Telephone ( ) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date Signed \_\_\_\_\_