



VIRTUS GROUP
INVESTIGATIONS

-Background Check Authorization-

Print Name: _____
First Middle Last

Former Names Used: _____

Current Address: _____

Have you ever been arrested? _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ License Number / State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Virtus Group Investigations, its designated agents and representatives to conduct a comprehensive review of my background to be generated for employment and / or volunteer process. Once signed, this form authorizes above-mentioned parties to conduct initial, routine, periodic and random background checks based on the needs of the company. I understand the scope of the background report may included, but is not limited to the following areas: criminal history; municipal, state and federal, driving history, address history, employment history, bankruptcies, civil liens and judgments.

I further authorize any individual, company, firm, corporation or government agency to divulge any and all information, verbal or written pertaining to me. These entities are authorized to distribute results to its designated agents and representatives. I further authorize the complete release of any records or data pertaining to me, which include the individual, company, firm, corporation, public agency or government agency to include data or information received from these sources.

I hereby release Virtus Group Investigations, its designated agents and representatives from any and all liability for damages of whatever kind, which may result to me, my heirs, family or associates as a result of this inquiry and compliance with this authorization and request to release.

Signature: _____ Date: _____