



Your Resource for Labor Relations and HR Assistance

LOCAL GOVERNMENT PERSONNEL INSTITUTE

660 Hawthorne Ave SE, #150 Salem, OR 97308
(503) 588-2251 (503) 485-5900 fax
www.lgpi.org asklgpi@lgpi.org

Background Investigation Authorization

I understand that LGPI will be compiling my employment, consumer and/or investigative report on behalf of _____.

I understand that this report may include but is not limited to criminal and civil court records, credit history, driving records, educational and professional credentials and personal and professional references. I understand this information may come from public or private sources and may contain information regarding my character, experience, work habits and reasons for termination from past employers. I authorize all such persons or entities who may possess said information to release the same to LGPI in order to complete said report. This information shall be kept confidential, and I will have no access to the information contained in this report. This authorization shall be valid as of the date below and, if hired, shall continue throughout my employment with the above-mentioned employer. I certify that the facts and information in this form and any attachments are true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

PLEASE PRINT CLEARLY AND LEGIBLY

Print Applicant Name: _____

Other names used: _____

Social Security #: _____ Date of Birth: _____

Driver's License Number: _____ Issuing State: _____

Street Address: _____

City, State, Zip: _____

Email Address: _____

List your previous residences from the past 7 years (Continue on back if needed):

Dates Address City State Zip

Blank lines for listing previous residences.