

**APPLICANT, PLEASE RETURN THIS FORM TO CTI WITH YOUR APPLICATION.
APPLICATIONS WILL NOT BE CONSIDERED WITHOUT THIS FORM.**

COASTAL TRANSPORTATION REPRESENTATIVE: George Collazo

CRIMINAL HISTORY PROCUREMENT AUTHORIZATION

NAME: _____
 (Please print clearly) (last) (first) (middle)

Social Security Number: _____ -- _____ -- _____ Drivers License # _____ State _____

<i>This information is used for identification purposes only.</i>		
Date of Birth: _____	Height: _____	Weight: _____
Hair Color: _____	Eye Color: _____	

Please indicate any other names you have used, including maiden: a. _____

b: _____

c: _____

Have you ever been convicted of a felony? Yes No

If yes, please give details (date, crimes, location) _____

Please note: Admittance of felony convictions does not automatically disqualify employment.

List below addresses at which you have lived in the past seven years, with dates.

From	To	Street Address	City	State	County
Current Address					

The undersigned, in connection with an application for employment, hereby authorizes the procurement of an investigative report. This authorizes any law enforcement or judicial agency, corporation, company or others to provide relevant information they may have on the applicant to Background Checks, Inc. This further releases all parties providing information from any and all liabilities or responsibility for doing so. The undersigned hereby acknowledges that they read or have had read to them this authorization and they understand it. A copy of this authorization has the same authority as the original.

Signature

Date

Note to applicant: The Washington Fair Credit Reporting Act and other applicable laws give you certain rights with regard to consumer reports obtained for employment purposes including, upon request, disclosure of information on you in the reporting agency's file at the time of the request, including the identification of persons who have procured a consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. Request for disclosure should be made in writing by certified mail to Background Checks, Inc. PO Box 1466, Bothell WA 98041-1466.