

# NATIONAL BACKGROUND INVESTIGATIONS, INC.

P.O. Box 966, Stevensville, MD 21666

Telephone Number: 410-604-6200

Fax Number: 410-604-2496

## APPLICANT RELEASE & AUTHORIZATION FORM

I hereby authorize SoCoCAA or authorized representative bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for volunteer or employment purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

### **PRINT INFORMATION CLEARLY**

Name: \_\_\_\_\_ Alias/Other: \_\_\_\_\_  
First, Middle, Last

Current Address: \_\_\_\_\_  
City State Zip County

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: Asian  Native American  White   
M/F Black  Hispanic/Latino  Other

**PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY. IF ADDITIONAL SPACE IS NEEDED, USE THE BACK OF THIS FORM.**

Previous Address: \_\_\_\_\_  
City State Zip County

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

Previous Address: \_\_\_\_\_  
City State Zip County

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City State Zip County

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City State Zip County

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City State Zip County

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City State Zip County

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

Previous Address: \_\_\_\_\_  
City State Zip County

Dates/From: \_\_\_\_\_ To: \_\_\_\_\_