



MILLER AND MILLER INVESTIGATIVE & SECURITY SERVICES LLC  
A1300155 & B1300149

**BACKGROUND INVESTIGATION CONSENT FORM**

As part of the screening process certain information is being requested as it relates to the employment/volunteer position you are seeking. Your signature on this document indicates that you have read and understand the conditions set forth herein:

I understand that Miller and Miller Investigative and Security LLC conducts background investigations. I hereby authorize the above stated to secure the requested information; I also understand and agree that this form shall accompany my resume/application to the Agency indicated for the investigation. I further understand that while an offer of employment/volunteer status might precede any such investigation, actual employment/volunteering is contingent upon a determination of my suitability for the employment/volunteering I seek. I also certify that I have never been convicted of a felony in any state in the United States or in any other country. By signing this document, I authorize the background investigation, certify that the information provided in my resume and/or application is accurate, and, if offered employment/volunteer status, I understand that any information falsely provided will be sufficient grounds for the immediate termination of my employment/volunteer status. I hereby authorize the release of any/all information related to this investigation, and further agree to indemnify, release, and hold harmless from liability, the herein referenced Investigative Agency, the requesting potential employer, and any and all individuals and organizations who provide information to Agency concerning my criminal history, motor vehicle history, certifications and licensing, educational credentials, employment eligibility (social security check), reference checks, credit report history, civil case records and hereby authorize my prior employers to release any such requested information about my employment. I understand that this form may be provided to prior applicable persons as proof of release. By signing this consent form, requesting company and applicant agree that in the event any sentence herein is determined invalid or unlawful in any court of law that all remaining sentences shall remain intact, viable and enforceable; and agrees to venue as Lake County, Florida.

**Full Name** \_\_\_\_\_

**Date Of Birth** \_\_\_\_\_ **SSN** \_\_\_\_\_ **DL#** \_\_\_\_\_

**Maiden/Aliases** \_\_\_\_\_

**Phone** \_\_\_\_\_ **EMail** \_\_\_\_\_

*Last twenty years residences with dates of residency*

<b>Date From</b>	<b>Date To</b>	<b>Address</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Employer / Rep Signature, Name, Position**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**