

Please clearly print all information-must be current and correct

WYOMING-MONTANA SAFETY COUNCIL

I hereby authorize the Wyoming-Montana Safety Council (WMSC) to order a background screen on my behalf and under my own actions and control. I acknowledge and agree that the WMSC has a legitimate need to verify my identity before I complete training and safety courses used for Refinery work.

I understand that First Advantage will be requesting information from various State, Federal, local, and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil, and other experiences. I understand that investigative background checks are to be made on myself on the following:

- Social Security Number Verification
- Motor Vehicle Search
- Criminal Convictions
- Patriot Act Search (Prohibitive Parties)

I authorize, without reservation, any party or agency contacted by First Advantage to furnish the above-mentioned information.

I agree also that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

I hereby consent to your ordering of the above information from First Advantage and/or any other licensed agents. I understand to aid in the proper identification of my file or record the following information, as well as additional information, if necessary.

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Company Name: _____

I am a US Citizen _____ I am a Resident Alien Authorized to Work _____

The following information is for identification purposes to help verify my identity. All fields must be filled out for processing.

Full LEGAL First Name _____ Full LEGAL Middle Name _____ Full LEGAL Last Name _____

Former/Maiden Name _____

Social Security Number: _____ - _____ - _____ (Must put in complete number)

Date of Birth: _____ / _____ / _____

Daytime Phone Number: (_____) _____ - _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Current Valid Drivers License Number: _____

State Issuing Current Valid Drivers License: _____

Sex: Male _____ Female _____

Race: American Indian _____ Asian _____ African American _____

Hispanic _____ Indian _____ White _____ Other (what) _____

Signature: _____ Date: _____

Puerto Rican Applicants: Please include:

- 1) mother's maiden name 2) place of birth 3) last known Puerto Rican address

