



Group Benefit Administrators of Connecticut, Inc.

AUTHORIZATION AND RELEASE OF LIABILITY

I hereby authorize _____ (“the Company”) to obtain a “background check” pertaining to me, in connection with the evaluation of my qualifications for employment, promotion, reassignment, or retention as an employee of the Company. The Company has informed me that it will utilize various sources of information it deems appropriate to perform a “background check” including but not limited to: credit reporting agencies, social security records, Workers Compensation records, Department of Motor Vehicle records, criminal records, current and former employers, military records, education records, professional and personal references and other information contained in public records.

I hereby authorize the Company to procure, and GBAC, Inc., to prepare a “background check” report pertaining to me. I hereby release the Company and GBAC, Inc. and any persons providing information to the Company or GBAC, Inc., from any and all liability that may arise in connection with the investigation of such information as requested.

I understand that I have a right under the Fair Credit Reporting Act to obtain a copy and review any derogatory information contained in my report.

If I am hired or retained as an employee of the Company, this authorization will remain on file and shall serve as ongoing authorization for the Company to obtain criminal checks and verify my social security information at any time during my employment. I further agree that copies of this Authorization and Release that show my signature are as valid as the original Authorization and Release that I have signed.

Signed:

Today's Date:

Printed Name:

Social Security Number:

Date of Birth:

Driver's License Number:

State Issued:

Expiration Date:

Other names you have used or are also known as:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address:

Street Apt.# City State Zip Code

Prior Address:

Street Apt.# City State Zip Code

Prior Address:

Street Apt.# City State Zip Code

Below is for Employer Use Only

Please note which services to perform:

- Criminal History Check
- Education Verification
- Public Record Scan

- SSN Verification
- Employment Verification
- Worker's Comp

- Driving Record
- Credit Report
- Drug Screening

**EMAIL THIS FORM TO: DAN@GBAC.COM OR MAIL/FAX TO:
23 MAIDEN LANE, NORTH HAVEN, CT 06473
TOLL FREE: 800.942.4003 • MAIN: 203.239.3843 • FAX: 866.935.1320 • WWW.GBAC.COM**