



EMPLOYMENT PROFILE

Authorization Form to be Fully Completed & Signed

Human Resource ProFile, Inc.
8506 Beechmont Ave.
Cincinnati, OH 45255-4708
800-969-4300 / 513-388-4300

***** Please Print Clearly *****

INDIVIDUAL INFORMATION

Name _____

Last
First
MI
Maiden

Address _____ City/State _____ County _____ Zip _____

Previous _____ City/State _____ County _____ Zip _____

Social Security # _____ Driver's License Number _____

Date of Birth ____/____/____ Age is not a criterion in any decision, but is used for identification purposes ONLY. Driver's License State of Issuance _____

Month
Day
Year

Professional License: Type _____ License # _____ State _____

SCHOOLS ATTENDED

School Name	City / State Campus / Phone Number	Dates From To	Graduate? Y / N	Degree Type Earned
High School:				
If GED received, list state and district or military facility, and year received:		Name as it appears on high school diploma or GED certificate:		
College:	City/State/Campus/Phone Number	From To	Graduate?	Degree Type Earned
Major area of study:	Name used at time of graduation or final attendance:			
Grad./Tech./Other:	City/State/Campus/Phone Number	From To	Graduate?	Degree Type Earned
Major area of study:	Name used at time of graduation or final attendance:			

Have you ever pled guilty, been convicted, entered a plea of no contest, had prosecution deferred, had prosecution diverted (diversion program), or adjudication withheld for any crime? Yes _____ No _____

If Yes, list All Offenses, including Traffic and/or Criminal		City, County, and State of Offense		
Year	Offense	City	County	State

I have been informed in writing that a consumer report or investigative consumer report may be obtained on me for employment purposes. I hereby authorize the procurement of the report and authorize and direct the release to Human Resource ProFile, Inc., an independent contract agency, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in federal, state and local files for violations of any federal, state, local statutes or ordinances, my credit history, workers' compensation history, driving record, government agency lists, and scholastic records and hereby release said persons, schools, companies, courts, agencies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by Human Resource ProFile, Inc. and reported to my prospective/current employer. I hereby acknowledge that Human Resource ProFile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Human Resource ProFile, Inc., its agents and/or my prospective/current employer from any and all liabilities arising out of any errors or omissions regarding my background information and authorize Human Resource ProFile to release any and all information to my prospective/current employer.

Signature _____ Date _____

TO BE COMPLETED BY: Acumen Fiscal Agents - Georgia

Date Sent: _____ From: Acumen Customer Service Acct # ACUFA-001
 Time Sent: _____ Phone: 866-522-8636 Fax: 877-522-8636

<input checked="" type="checkbox"/> Conviction History	<input type="checkbox"/> Credit	<input type="checkbox"/> MVR	<input type="checkbox"/> Education Verification
<input type="checkbox"/> Employment History	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Federal Exclusion	<input type="checkbox"/> Violent Sex Offender
<input type="checkbox"/> Federal District	<input type="checkbox"/> Professional Licensure	<input type="checkbox"/> Special Request _____	

When requesting a report for employment purposes from HRP, you must also certify to HRP that you have provided the applicant/employee with the disclosure form and obtained the applicant/employee's consent to procure the report. HRP's two page authorization profile forms complies with these requirement