COMPANY NAME: Any Pest, Inc.

to Xukor Information Services, Inc.
FAX: (770) 740-1856 TEL: (770) 740-8081

Important Note: *The information requested on this form is for the sole purpose of undertaking a pre-employment investigation and should be completed only by a candidate who has been offered (or is being considered for) a position with the company.*

You further agree not to resell any credit information provided to you by this company, and to abide by the Fair Credit Reporting Act with all of its provisions by signing the attached "End User, Customer, or Employer Certification" documentation which governs the dissemination of information provided to you from credit or consumer information report provided by our agency. You further agree not to resell any credit information to a third party directly or indirectly.

CANDIDATE INFORMATION

LAST NAME:

X FIRST NAME:

MIDDLE/MAIDEN NAME:

STREET ADDRESS:

CITY: STATE:

ZIP: COUNTY:

DOB: / / SS #: — —

RACE: SEX:

DRIVERS LICENSE #: STATE ISSUED:

List the county and state of your previous places of residence, and/or employment (whichever are applicable) during the past seven years.

	COUNTY & STATE	LENGTH OF TIME (YEARS & MONTHS)
X 1		
2		

AUTHORIZATION RELEASE

FAIR CREDIT REPORTING ACT: I HEREBY UNDERSTAND THAT A CONSUMER REPORT MAY BE ORDERED FOR EMPLOYMENT SCREENING PURPOSES, AND THAT I AM HEREBY GIVING MY PERMISSION FOR SUCH A REPORT TO BE PROCURED. I UNDERSTAND THAT I AM ENTITILED TO SEE A COPY OF THIS REPORT AND A COPY OF "SUMMARY OF CONSUMER RIGHTS" BEFORE ANY ADVERSE ACTION IS TAKEN BY THE BELOW MENTIONED EMPLOYER. THE INFORMATION FROM THIS REPORT WILL NOT BE USED IN VIOLATION OF ANY APPLICABLE STATE OR FEDERAL EQUAL OPPORTUNITY LAW OR REGULATION.

I HEREBY GIVE PERMISSION TO THE COMPANY AND ITS AGENT TO VERIFY THE INFORMATION SUBMITTED BY ME AND TO OBTAIN ANY CREDIT INFORMATION, CRIMINAL HISTORY, OR DRIVING RECORDS. NEITHER THE COMPANY NOR ITS AGENTS SHALL BE VIOLATING MY RIGHT TO PRIVACY IN ANY MANNER AND I RELEASE THEM FROM ALL LIABILITY WHATSOEVER FOR ACTIONS RELATED TO THIS INVESTIGATION.

SIGNATURE OF CANDIDATE: X DATE: X

CLIENT INFORMATION

REPORT REQUESTOR NAME:

SIGNATURE:

☐ PHONE WARRANT RESULTS ☐ FAX RESULTS

CLIENT NO: Any Pest, Inc.

☒ STATE CRIMINAL CHECK Verifax Basic
☐ COUNTY (NAME & STATE)
☐ CREDIT (END USER– IF APPLICABLE)
☐ DRUG SCREENING
☐ DRIVING RECORD CHECK ☐ SOCIAL SECURITY TRACE
☐ OTHER REQUESTS

PHONE : 678-888-0035 **FAX:** 678-888-0061