PLEASE READ CAREFULLY

APPLICANT AUTHORIZATION AND CONSENT TO RELEASE INFORMATION

In consideration for employment for Any Pest, Inc.; RecruitScreen may make inquiries. Including but not limited to, to your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination from your past employment.

In compliance with the Americans With Disabilities Act, only after a contingent offer of employment is offered, will your workers' compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned to a job function that that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from RecruitScreen and, in that event, we will provide a copy of the report we receive and the FTC notice. "A Summary of Your Rights Under the Fair Credit Reporting Act."

Please complete and sign the form which follows, authorizing, without reservation, any party, including but not limited to employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by RecruitScreen to furnish any or all of the above listed information. Your authorization releases RecruitScreen from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to RecruitScreen the above mentioned information as requested, in order to successfully complete a background investigation.

For your records, a copy of this completed notice that a consumer report may be obtained for employment purposes will be provided. Please retain for your records.

Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Print Full Name: _____ _____ _____
First **Middle** **Last**

Have you used any other name? **Y** **N** If yes, what name did you use? _____

_____ _____ _____ _____
Current Address **City** **State** **Zip**

Social Security #: _____ *Date of Birth: _____

Driver's License #: _____ State Issued: _____

Please provide the date for any motor vehicle convictions _____

High School: N/A Year Graduated: N/A

College: N/A Year Graduated: N/A

Applicant Signature: _____ Date: _____

*Date of birth is being requested only for purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.