

PLEASE READ CAREFULLY
APPLICANT AUTHORIZES AND CONSENT TO RELEASE INFORMATION

In consideration for employment for _____; 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 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.

 First Middle Last Other AKA Maiden Suffix
Applicant's Full Name

_____/_____/19_____
 Social Security Number Date of Birth (this will not affect hiring decision)

 Driver License Number State of Issue Expiration Date (Please Attach Drivers License)

Current Address City State Zip

Previous Address City State Zip

(_____)_____-_____
 Phone Attach Driver's License and Other IDs

Ten (10) Year Work History: (only if required)		
Employer: _____	Work Dates: ____/____/____	Contact #: (____)____-____
Address: _____		
Employer: _____	Work Dates: ____/____/____	Contact #: (____)____-____
Address: _____		
(For additional work history, see page 2 of this form. Include name on all forms.)		

Applicant Signature: _____ **Date:** _____
 Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

*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.