

# Applicant Notification / Release of Information

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I Believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

## Please write clearly in pen only.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List Any other name used in the last 7 years \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Phone # (Day) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Professional License Held \_\_\_\_\_ State \_\_\_\_\_ Lic.# \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current address (Physical Address)  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

List other cities or towns you have lived in the past 7 years. Use additional form if necessary

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_