

PROFESSIONAL
SCREENING SERVICES

EMPLOYMENT RELEASE FORM

I hereby authorize your company or any agent of your company, to contact any of my references, previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons and educational agencies to supply any information concerning my background and criminal history. I also hereby release any of the above parties from any liability and responsibility arising from their doing so. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: _____

Applicant's Address: _____

City/State/Zip: _____

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Race: _____ Sex: _____

Drivers' License Number: _____

Applicant Signature: _____ Date: ____ / ____ / ____