

Authorization to Release Records and Information for Employment Purposes

I hereby authorize _____ and its designated representatives and agents, to conduct a comprehensive background investigation through a consumer report and/ or an investigative report, and to consider such reports for the purpose of securing employment. I understand that this investigation may include, but is not limited to: criminal history records, motor vehicle (driving history) records, credit history & reports, social security verifications, employment history verifications (including personnel files), educational verification, professional license verifications, civil history, reference verifications, drug testing,

I understand that my date of birth is requested for identification purposes only in order to conduct a background investigation as permitted by US Code Title 29, Section 1625.5 of the Age Discrimination in Employment Act.

I further authorize that a photocopy of this authorization be accepted with the same authority as the original.

I understand that pursuant to the Fair Credit Reporting Act, prior to denying my job application based on information on a consumer report, I will receive a pre-adverse action disclosure. This disclosure will include a copy of such report, as well as a "Summary of your rights under the Fair Credit Reporting Act".

I hereby release and hold harmless _____ & CEO Information Solutions, Inc. and its designated representatives and agents, personally or collectively, from any and all liability for any loss, damages, or injury which may result to me, my heirs, family or associates as a result of compliance, or attempts at compliance, with this authorization and request to release records and information.

Applicant Information (please print clearly)

Applicant Name: _____ Sex/ Race: _____
(First, Middle, last)
Former Names & Aliases: 1. _____ 2. _____
Current Address: _____ City, State: _____ Zip: _____
Previous Address: _____ City, State: _____ Zip: _____
Date of Birth: _____ Social Security Number: _____
Driver's License Number: _____ State Issued: _____ Exp: _____

I hereby certify affirm that all information supplied on this form & employment application, are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete information in this form and employment application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in applying for employment will be cause for dismissal at any time without any previous notice.

Applicant Signature: _____ Date: _____