

INFORMATION RELEASE AND CONSENT FORM



Name of Applicant:

Last Name:

First Name:

Initial(s):

Social Security Number:

Date of Birth:
(00/00/0000)

Sex (Optional):

Female
 Male

Current Address: Street City State Zip County (If Known) Dates (00/00-00/00)

Previous Address: Street City State Zip County (If Known) Dates (00/00-00/00)

Previous Address: Street City State Zip County (If Known) Dates (00/00-00/00)

Previous Address: Street City State Zip County (If Known) Dates (00/00-00/00)

Previous Address: Street City State Zip County (If Known) Dates (00/00-00/00)

Do you have a valid driver's licence?

Number:

State:

YES NO

Former Names and Timeframes:

Professional Licensing Information:

Type:

Number:

State:

Signature:

Date:

NOTICE REGARDING BACKGROUND INVESTIGATION

In connection with your application for employment the Company may obtain information about you from Hirewise LLC, a Consumer Reporting Agency (CRA). Thus, you may be the subject of "consumer reports" and "investigative consumer reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Reports may also contain public records, driving history information, employment and education verifications, etc. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment.

You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by any consumer reporting agency acting on behalf of the Company. I release all parties who have provided information from any and all liability for damages arising from the investigation and disclosure of the requested information. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy of this Authorization shall be as valid as the original.

Company Name:

Requestor: