

DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

DISCLOSURE

In connection with my application for employment with **(COMPANY)** and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: names and dates of previous/current employment, work experience, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records) sexual offender's list, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/patriots act, any sanction lists, FBI finger printing and drug testing. I understand that this report may include information regarding my character, reputation, personal characteristics and information regarding past and previous employment including reasons for termination and other information gained through personal interviews with associates and/or supervisors.

In compliance with the FCRA and applicable state laws, I understand I have the right to request additional information regarding the nature and scope of the investigation. I am also entitled to know if employment is denied because of information contained on my consumer report. If adverse action is taken based in whole or partly because of information contained in my consumer report, I will be provided a copy of a my rights under the Fair Credit Reporting Act and will be advised in writing that (1) Upon Request, and within 60 days, I have the right to request a free copy of my consumer report from Rock Solid Background Screening and from any other Consumer Reporting Agency which compiles and maintains file on consumers on a national level (2) I have the right to dispute any incorrect or incomplete information provided on my consumer report. I understand that Rock Solid Background Screening is a Consumer Reporting Agency and is not involved in any hiring decisions or recommendations.

I understand that prior to my employment and at any time after my employment commences a consumer report or investigative report may be requested to be used strictly for employment purposes and can be used for employment, promotion, reassignment or retention as an employee.

AUTHORIZATION AND RELEASE

I have carefully read and understand this Disclosure, Authorization and Release Form. By my signature below, I voluntarily and knowingly authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have which may include, but is not limited to, the following areas: my employment history, earning history, education, credit history and capacity, criminal history, motor vehicle history and current standing and all other information (COMPANY) deems important. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (COMPANY).

I hereby release Rock Solid Background Screening, (COMPANY) and its agents, officials, representatives or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I certify that all information provided below and on my resume is correct to the best of my knowledge. Any false statements provided in this form and my resume is considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

_____ Signature	_____/_____/20_____ Date
_____ Applicant's Name (Print Legibly)	_____ Maiden/AKA/Previous name(s)
_____-_____-_____ Social Security Number	_____/_____/_____ Date of Birth (this will not affect hiring decision)
_____ Driver License Number	_____ State
_____ Current Address	
_____ Phone	
_____ Previous Address	

☐ Check here for California, Maine, Massachusetts, Minnesota, Oklahoma, New Jersey, New York and Washington individuals only if you want a copy of the report ordered.