

DISCLOSURE AND APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

THIS FORM TO BE COMPLETED AND SIGNED BY APPLICANT

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IN CONNECTION WITH, AND FOR THE DURATION OF MY EMPLOYMENT WITH EMPLOYER, _____, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE TO BE MADE ON MYSELF THAT MAY INCLUDE CONSUMER, CRIMINAL, DRIVING, ACADEMIC AND OTHER REPORTS. THESE REPORTS WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE. THE SCOPE OF THIS NOTICE AND AUTHORIZATION ALLOWS THE EMPLOYER TO OBTAIN CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS NOW AND THROUGHOUT THE COURSE OF MY EMPLOYMENT, INCLUDING CONTRACT FOR SERVICES, TO THE EXTENT PERMITTED BY LAW, UNLESS I REVOKE MY CONSENT BY PROVIDING WRITTEN NOTIFICATION TO EMPLOYER.

FURTHER, I UNDERSTAND THAT EMPLOYER MAY BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACADEMIC, EMPLOYMENT (including WORKER'S COMPENSATION CLAIMS), DRIVING, CREDIT, CRIMINAL, AND CIVIL HISTORIES AND OTHER EXPERIENCES. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS EMPLOYER OR ITS AGENT, INFO QUEST, INC. TO FURNISH THE ABOVE INFORMATION.

PRINT FULL NAME _____

PREVIOUS LAST NAMES _____

SOC. SEC. NUMBER _____ - _____ - _____ DATE OF BIRTH _____
(DOB IS REQUESTED TO ASSURE ACCURATE RETRIEVAL OF RECORDS.)

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____

CURRENT ADDRESS _____

CITY, STATE, ZIP _____

____ CA, MN, OK, and NY applicants only: please check here to have a copy of your consumer report sent directly to you by Info Quest, Inc.

Lived in Puerto Rico? Any research completed in Puerto Rico will need applicant's mother's maiden name. I have had an address in Puerto Rico:
MOTHER'S MAIDEN NAME _____

Lived in Canada? Please notify HR for additional forms.

I understand by signing my name below that I am signing the Authorization form directing the background check, as described above, and I certify that I have read the Disclosure information above. If an investigative consumer report, I have received the FCRA Summary of Your Rights, and if a California resident/applicant, the A Summary of Your Rights Under the Provisions of California Civil Code 1786.22. If a New York applicant/employee, I acknowledge receipt of Article 23-A of the New York Correction Law.

APPLICANT'S SIGNATURE _____ DATE _____

The consumer and/or investigative consumer report(s) will be obtained from:
Info Quest Inc., PO Box 15521, Surfside Beach, SC 29587. Info Quest's information and privacy policy can be found at www.infoquesthr.com

