

# Applicant Notification / Release of Information

The purpose of this form is to notify you that a Consumer Report will be conducted on you in the course of consideration for residency or employment. Please fill out this form in its entirety. **SIGN and DATE** and return to the company with which you are applying for employment or residency.

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Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any other name used in the past \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

*(If a valid social security number is not available please provide your Government Issued Identification Number. Alternative search parameters are used for Government Issued Identification Numbers or ITINs.)*

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Gender \_\_\_\_\_

Race \_\_\_\_\_ Daytime Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

List any other cities or towns in which you have lived during the past 7 years; include dates. Use additional pages if necessary.

\_\_\_\_\_

List most recent previous employment details:

Company \_\_\_\_\_ Phone \_\_\_\_\_

Employment Dates: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Title \_\_\_\_\_

Applicant Consent: I hereby authorize your company or any agent of your company to verify all or part of the information listed above. I consent to the release of information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This authorization shall remain in effect for the length of my residency or employment. I understand I have the right to obtain a free copy of the consumer report if: (1) Any adverse action/decision is made based on the information in the consumer report and (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release.

Applicant Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*\*\*APPLICANT – DO NOT WRITE BELOW THIS LINE\*\*\*

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