

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

Background Screening Disclosure

In connection with my application for employment (including contract for services) or at any time during my employment or contract. I hereby authorize _____ to procure and American DataNet to compile and conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report on me. This report may include information as to my character, reputation, performance, experience, work habits and reason for termination, personal characteristics, credit and indebtedness, and motor corporations, courts, and law enforcement agencies at the federal, state or local level, courts record repositories, credit bureaus, military, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

I understand that this report is subject to federal law, The Fair Credit Reporting Act (FCRA), and that I have been provided with a copy of "A Summary of Your Rights under the Fair Credit Reporting Act." According to the FCRA, I am entitled to know if employment is denied because of information contained in a consumer report and if employment is denied, I will be notified and provided with the name and address of the consumer -reporting agency (also indicated below).

By signing below, I agree to allow and hereby authorize, empower and release from all liability, without reservation, any party, person or agency including, without limitation, present and former employers, credit bureaus, educational institutions, corporations, courts and law enforcement agencies at the federal, state or local level, courts record repositories, credit bureaus, departments or motor vehicles, educational institutions, the military and licensing or registration entities, contacted by American DataNet to release information about me, including, without limitation, any of the information described above. I agree that a fax, photocopy or electronic reproduction of this authorization is to be considered and accepted with the same authority as the original.

PLEASE PRINT:

Last Name

First Name

Middle Initial

Other Name(s) Used (attach additional if needed)

Date(s) You Stopped Using Other Name(s)

Current Street Address

City

State

County

Zip Code

Date of Birth

(The age discrimination act in the employment act of 1967 prohibits discrimination in employment based on age)

Social Security Number

Current Driver License Number

State of Issue

Expiration Date

Applicant's Signature

Today's Date

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