



## APPLICATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_

State Driver's License Issued \_\_\_\_\_

Date of Birth \_\_\_\_\_

Position Being Considered For \_\_\_\_\_

PLEASE READ CAREFULLY

I hereby authorize you to make any investigation of my personal history, employment history, financial records, criminal history, driving records and credit records through any investigative, credit agencies or bureaus of your choice. I acknowledge that I have been given and read a stand alone, Consumer Disclosure that a consumer report or investigative consumer report may be requested and used for purpose of evaluating me for employment, promotion, reassignment or retention as an employee. I understand that I have the right to request additional disclosures of the "nature and scope" of the investigation, as well as the FCRA Summary of Rights.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date of Signature)

Client Name: \_\_\_\_\_

Send Results via Email or Fax: \_\_\_\_\_