

RELEASE FORM FOR CONSUMER REPORTS

From: _____

Telephone: _____ Fax: _____

In connection with my application for employment (including contract for services), I understand that consumer reports or investigative reports which may contain public record information, may be requested or made on me, including consumer credit, criminal records, driving record, education, prior employer verification, workers' compensation claims, and others. These reports will include experience, along with reasons for termination of past employment. Further, I understand that you will be requesting information from various federal, state, local, and other agencies, which contain my past activities.

I hereby authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

Print Name: _____

Maiden Name or AKA: _____

Address: _____

City: _____ State: _____ Zip: _____

Other counties you have lived in the past 10 years:

County: _____ State: _____

County: _____ State: _____

For Identification Purposes Only:

Driver's License No.: _____ State Issued: _____

Social Security No.: _____ Race: _____ Gender: _____

Date of Birth: Month: _____ Day: _____ Year: _____

Professional License: State: _____ Type: _____

Signature: _____ Date: _____

**Please fax this form to FAX: 323-466-4867
Office Phone: 323-466-4837**