



EMPLOYMENT INQUIRY RELEASE FOR CONSUMER REPORTS

IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES ARE TO BE MADE CONCERNING, BUT NOT LIMITED TO, MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE.

I ALSO UNDERSTAND THAT YOU WILL BE REQUESTING THIS INFORMATION FROM FEDERAL, STATE, LOCAL AND PRIVATE AGENCIES. I UNDERSTAND THAT THE INFORMATION REQUESTED WILL INCLUDE BUT NOT BE LIMITED TO, MY CRIMINAL HISTORY, DRUG SCREENING, CIVIL COURT HISTORY, MOTOR VEHICLE RECORDS, PROFESSIONAL LICENSE CHECK, EDUCATIONAL HISTORY, PREVIOUS EMPLOYMENT, AND WORKERS COMPENSATION HISTORY, AS WELL AS OTHER REPORTS AND/OR REFERENCES (BOTH PUBLIC AND PRIVATE).

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY, AGENCY OR AGENCY REPRESENTATIVE CONTACTED BY THE BELOW NAMED EMPLOYER, HIS AGENT OR AGENCY REPRESENTATIVE TO FURNISH THE ABOVE INFORMATION AND REPORTS.

I HEREBY CONSENT TO YOUR OBTAINING THE ABOVE MENTIONED INFORMATION AND REPORTS THROUGH YOUR AGENT, SECURATEX, LTD. AND AGREE TO INDEMNIFY AND HOLD HARMLESS YOU OR YOUR AGENT, SECURATEX, LTD., THEIR AGENT OR THEIR AGENCY REPRESENTATIVE FOR RECORD CONTENT, ERRORS OR OMISSIONS. FURTHER, I AGREE THAT THIS RELEASE FOR INFORMATION MAY BE USED IN DUPLICATE (COPY FORM) AND MAY AT ANY TIME BE USED TO RECHECK MY BACKGROUND WHILE EMPLOYED WITH THE BELOW NAMED EMPLOYER.

{FOR CALIFORNIA EMPLOYEES OR APPLICANTS ONLY: (1) YOUR EMPLOYER SHALL PROVIDE YOU WITH A WRITTEN NOTICE OF THE NATURE AND SCOPE OF ANY INVESTIGATIVE CONSUMER REPORT SOUGHT AND A COPY OF CALIFORNIA CIVIL CODE 1786.22; AND (2) IF YOU WOULD LIKE TO RECEIVE A COPY OF ANY REPORT, IF ONE IS OBTAINED, PLEASE CHECK THE BOX AND THE C.R.A. OR YOUR EMPLOYER, WHERE REQUIRED BY STATE LAW, WILL PROVIDE YOU WITH A COPY OF THE REPORT}

{FOR MINNESOTA OR OKLAHOMA APPLICANTS OR EMPLOYEES ONLY, IF YOU WOULD LIKE TO RECEIVE A COPY OF ANY REPORT, IF ONE IS OBTAINED, PLEASE CHECK THIS BOX}

EMPLOYER: _____

APPLICANT NAME: (LAST) _____ (FIRST) _____ (MIDDLE INITIAL) _____

OTHER FORMER NAMES: _____

ADDRESS: (CURRENT) _____ STATE _____ ZIP _____

LENGTH OF TIME AT CURRENT ADDRESS? _____ (YEARS. MONTHS)

ADDRESSES FOR PAST 7 YEARS:
_____ HOW LONG? _____ YEARS

_____ HOW LONG? _____ YEARS
PLEASE INCLUDE APPLICABLE CITY, STATE, PROVINCE OR TERRITORY

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
(REQUIRED FOR CRIMINAL RECORD VERIFICATION ONLY)

DRIVERS LICENSE: PROVINCE OR STATE _____ NUMBER _____

APPLICANT'S SIGNATURE: _____ DATE: _____

FAX COMPLETED FORM TO 630-317-8996

