

**Employer and Applicant:** *Do not attach this page to Employment Application.*

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**Consumer Report / Investigative Consumer Report  
Disclosure and Release of Information Authorization**

I authorize \_\_\_\_\_ and **Verifications, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

**If currently employed: My current employer may be contacted.**

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A** \_\_\_\_\_ **Post Hire Only** \_\_\_\_\_ **Applicant's Initials**

I understand that a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201. Phone 1-877-414-7060 / 1-800-735-3002 / 605-884-1200**

**Are you applying for employment in the state of California?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**If you are applying for employment in the State of California** please note that a new Disclosure and Release of information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

**Are you applying for employment in California, Minnesota or Oklahoma?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

If so, would you like a copy of any Consumer Report prepared on you? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company (except if employed in the state of California), this authorization will remain in effect throughout such employment.*

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date

*NOTE: The following information is needed to conduct your background investigation and prepare a Consumer Report. This information IS NOT considered part of your application; it is used only for identification purposes. Other than its use in conducting your background investigation and its inclusion in the report, this information will not be shared unless required by law or you so authorize.*

**PLEASE PRINT CLEARLY.**

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Expires On

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

\_\_\_\_\_  
List any other CITIES AND STATES in which you have lived during the previous 7 years.

\_\_\_\_\_  
List any other LAST NAMES you have used during the previous 7 years.

\_\_\_\_\_  
List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

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