

**CONSUMER AUTHORIZATION FORM
TO PERMIT THE DISCLOSURE OF INFORMATION
READ CAREFULLY BEFORE SIGNING**

In connection with my application for employment or promotion, reassignment, or retention of current employment, I understand that _____ (“Employer”) may conduct a background investigation and compile a consumer report or investigative consumer report on me. This report may include information as to my character, reputation, mode of living, criminal history, military service, education, academic credentials, qualification, employment history (including job performance, experience, work habits and reason for termination), personal characteristics, credit indebtedness, and motor vehicle driving record. This report may contain information from various public and private sources, including without limitation, corporations, courts and law enforcement agencies at the federal, state or local levels, courts record repositories, credit bureaus, departments of motor vehicles, past or present employers, educational institutions, governmental licensing or registration entities, the military, business or personal references, and other sources 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 if processed. 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 a federal law, the Fair Credit Reporting Act (FCRA). 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 levels, courts record repositories, departments of motor vehicles, the military and licensing or registrations entities, contacted by Applicant 360 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.

Printed Name: _____		
Street Address: _____		
City: _____	State: _____	Zip: _____
Driver’s License Number: _____	License State: _____	Exp. Date: _____
Professional License Type (if applicable): _____		
Professional License #: _____	Professional License State: _____	

The following information is for identification purposes only for the purpose of performing the employment screening and will not be used in violation of any class protection laws such as the Equal Employment Opportunity Commission (EEOC), Title VII of the Civil Rights Act of 1964, Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967 (ADEA) or the Americans with Disabilities Act of 1990 (ADA)

Social Security Number: _____ - _____ - _____	Date of Birth: _____ / _____ / _____
Gender (M or F): _____	Race: _____
Other or Former Names (maiden, AKA, etc.): _____	

These reports will be processed by Applicant 360, 4920 W. Cypress Street # 102, Tampa, FL 33607

- California Applicants:** By checking this box, I disclose that I am resident of California and will receive a copy of my investigative consumer report. If checked, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the investigative consumer report. I acknowledge that a summary of the consumer rights provisions of California Code Section 1786.22 have been provided to me.
- California Applicants:** By checking this box, I disclose that I am a resident of California and would like a free copy of my Credit report if one is processed by my employer.
- Minnesota or Oklahoma Applicants:** By checking this box, I disclose that I am a resident of MN or OK and will receive a copy of my consumer report.
- New York Applicants:** By checking this box, I disclose that I am being employed in the state of NY and I acknowledge the receipt of a copy of Article 23-A of the New York Correction Law.

Signature: _____ **Date:** _____