



**DISCLOSURE AND RELEASE FORM (Databased Records)
 15 U.S.C. §1681b and 1681k**

In connection with my application for employment (including contract for services or volunteer services) or tenancy with Enter Company Name, at Enter Company Address.

These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, education, accidents, licensure, credit, etc. I further understand that such reports may contain current and/or databased public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, criminal records, etc., from federal, state and other commercial agencies which maintain such records. Public records will include records obtained from commercial databases.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency, **Background Screeners of America**: upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to your obtaining the above information from the agency; and I agree that such information which the agency has or obtains, and my employment or tenant history with you, may be supplied by you to the agency for release to other companies which subscribe to the agency's services.

I hereby authorize procurement of consumer report(s). If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

NAME: First _____		Middle _____	Last _____
Social Security # _____		Date of Birth _____	
Email _____			
Current Address:		Previous Address:	
Street 1 Apt or Unit # City ST Zip		Street 1 Apt or Unit # City ST Zip	
Drivers Lic. # _____		State Issuing _____	
Alias or Maiden Names Used:			

X _____ DATE: _____
 APPLICANT SIGNATURE

Employer Copy