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

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, and release the same from any liability resulting in providing such information. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving history, and criminal history records.
If currently employed: My current employer may be contacted. _____ YES _____ NO

I understand that a 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 proper identification will be required and that I should direct my request to:

Verifications, Inc., PO Box 2015, Minneapolis, MN 55402. Phone 1-800-735-3002 / (612) 573-3500.

If employed in California:	**I would like a copy of any credit report regarding me.**	**____ YES ____ NO**
If employed in Minnesota:	**I would like a copy of any report regarding me.**	**____ YES ____ NO**
If employed in Oklahoma:	**I would like a copy of any report regarding me.**	**____ 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, this release will remain in effect throughout such employment.

_____ _____ _____
Signature Social Security Number Date

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. ***PLEASE PRINT CLEARLY.***

_____
Last Name First Name Middle Name

_____
Street Address City State ZIP

_____
Driver's License No. 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.

Rev: 04/27/01