

Applicant Release and Authorization

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion. This report is being provided by Inquiries, Inc. - Post Office Box 67 Easton, MD 21601 - Phone 866-987-3767. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, workers compensation agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, workers compensation claims, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This release also authorizes the client to request a pre-employment and/or random selection drug screen. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this Consumer Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Please write clearly and fill out completely.

→ Name (Last) _____ (First) _____ (Middle) _____
 → List any maiden/other name used in the last 7 years _____
 → Date of birth ____/____/____ Social Security Number ____-____-____
 Drivers License # _____ State _____ Sex _____ Race _____
 Professional License Held* _____ State _____ Lic.# _____
 (*only if requesting a professional license verification)

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# _____ City _____ State _____ Zip _____
 City _____ State _____ Zip _____ Dates ____/____ to ____/____
 City _____ State _____ Zip _____ Dates ____/____ to ____/____
 City _____ State _____ Zip _____ Dates ____/____ to ____/____
 City _____ State _____ Zip _____ Dates ____/____ to ____/____

→ Your Signature **X** _____ Today's Date ____/____/____

Minnesota, California, and Oklahoma applicants only. If you want a copy of the reports ordered, check this box. The report(s) will be sent by the reporting agency to you at the address below.

*****APPLICANT - DO NOT WRITE BELOW THIS LINE*****

FAX TO: (410) 819-3670

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: _____ Branch _____

____ Please start our standard background check (ignore boxes below)
 Or select from the following:

- County Criminal History Statewide Criminal History Civil History Social Security Verification
 Education/Degree Verification Driving Record National Wants & Warrants Fingerprint Services
 Previous Employer Verification Federal District Criminal Search OFAC List Check HHS/OIG/EPLS Scan
 Sex Offender National Sex Offender Credit Report Drug Screen

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Inquiries, Inc. and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Inquiries, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Inquiries, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Inquiries, Inc. its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, and / or workers compensation claim history.