GENERAL INQUIRY/RELEASE FORM

California, Massachusetts, Minnesota and Oklahoma Resident Only:
If a consumer credit report is ordered, would you like a free copy of the report mailed to your home

[ ] YES [ ] NO

Email to: HRSusan@EmployersResourcesPlus.com

APPLICANT PLEASE PRINT

NAME FIRST | MIDDLE | LAST

CURRENT ADDRESS: | DATES FROM:

CITY: | STATE: | ZIP CODE:

HOME PHONE NUMBER | CELL PHONE NUMBER | E-MAIL

SOCIAL SECURITY NUMBER: | RACE/SEX: | DATE OF BIRTH:

DRIVERS LICENSE NUMBER | STATE OF ISSUE:

1ST PREVIOUS ADDRESS: | DATES FROM: TO

CITY: | STATE: | ZIP CODE:

2ND PREVIOUS ADDRESS: | DATES FROM: TO

CITY: | STATE: | ZIP CODE:

3RD PREVIOUS ADDRESS: | DATES FROM: TO

CITY: | STATE: | ZIP CODE:

LAST SCHOOL TO RECEIVE A DEGREE | DEGREE | STATE

CITY | DATES ATTENDED (FROM/TO) | LAST NAME USED IN SCHOOL (IF DIFFERENT)

EMPLOYER | POSITION | FROM/TO

ADDRESS | CITY | STATE | ZIP | PHONE

EMPLOYER | POSITION | FROM/TO

ADDRESS | CITY | STATE | ZIP | PHONE

Please Read Carefully and Sign

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, DRUG OFFENSE, VIOLENCE REPORTS, CREDIT BUREAU REPORTS, AND/OR MOTOR VEHICLE REPORTS, I ACKNOWLEDGE I MAY BE SUBJECT TO A "CONSUMER REPORT" and/or AN "INVESTIGATIVE CONSUMER REPORT" (which may include information about my character, general reputation, personal characteristics and/or mode of living, and which can involve personal interviews with sources such as neighbors, friends and associates.) For and in consideration of my being considered for Employment or Advancement, I hereby authorize the Company designated below to make inquiries to MAF Background Screening ("MAFBS"), a consumer reporting agency, concerning my Employment suitability and qualification; including: (i) any public record of any incidents of crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, or other employment related acts of violence or drug related offenses or drug test results reported to MAFBS by any employer where such acts occurred; or (iii) any credit bureau reports; any driving record history. I further authorize any governmental agency where such information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and MAFBS to disseminate such report(s) to Company. During any period(s) while I may be engaged by Company, I hereby authorize Company to make further like inquiries to MAFBS as Company may from time to time, deem necessary for Employment purposes. I also hereby authorize MAFBS, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Company's inquiry(ies). I waive any further notice with respect to Company's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAFBS's dissemination of any such report(s). I hereby generally release and fully discharge MAFBS every such government's agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my Employment or retention may be determined, in whole or in part, based on the report(s) so issued to Company by MAFBS. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Company by writing or calling MAFBS at the address or telephone numbers listed below.

(X) _____ _____

SIGNATURE OF APPLICANT | DATE SIGNED

COMPANY NAME:

TELEPHONE NUMBER: | EMAIL:

AUTHORIZED COMPANY REPRESENTATIVE:

Company's Certification: Company hereby certifies to MAF Background Screening that it is requesting a consumer report(s) on the applicant named above and that Company will use that report(s) for PERMISSABLE purposes.