

Consumer Authorization Form

To Whom it May Concern:

I hereby authorize and request any present or former employer, school, credit agency, financial institution, law enforcement agency, city, state, county and federal court and agency, military service or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written employment application which I sign.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

Date _____

Print Applicant's Name _____

Signature _____

If name changed (through marriage or otherwise) print former name here _____

For Identification Purposes Only:

Date of Birth _____

Social Security Number _____

Driver's License Number _____

Current Street Address _____

City, State, Zip Code _____

Previous/Permanent Street Address _____

Previous/Permanent City, State, Zip Code _____

Telephone Number _____