

BACKGROUNDS & GENERAL RELEASE FORM

Company/ Client: _____

- € Multi-state Criminal Background
- € Credit Check (suggested for anyone handling money)

*If candidate is under 18, you must also include a signed parental consent form.

APPLICANT PLEASE PRINT

NAME FIRST	MIDDLE	LAST
CURRENT ADDRESS:		DATES FROM: To
CITY:	STATE:	ZIP CODE: COUNTY:
HOME PHONE NUMBER		CELL PHONE NUMBER :
SOCIAL SECURITY NUMBER:		DATE OF BIRTH:
DRIVERS LICENSE NUMBER		STATE OF ISSUE:
1ST PREVIOUS ADDRESS:		DATES FROM: TO
CITY:	STATE:	ZIP CODE: COUNTY:
2ND PREVIOUS ADDRESS:		DATES FROM: TO
CITY:	STATE:	ZIP CODE: COUNTY:
3RD PREVIOUS ADDRESS:		DATES FROM: TO
CITY:	STATE:	ZIP CODE: COUNTY:
ALIAS/ OTHER NAMES KNOWN BY:		

Please Read Carefully and Sign

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE, VIOLENCE REPORTS, CREDIT BUREAU REPORTS, AND/OR MOTOR VEHICLE REPORTS.

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 convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses or drug test results reported to MAFBS by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such conviction 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.

I hereby declare that all statements contained in this release are true and accurate and understand that any misrepresentation, deliberate falsification, or omissions of fact in my release will be justification for refusal of employment, or if employed, termination from employment.

Employee's Signature: _____

Date: _____

*A Copy of your Driver's license is required to verify personal information.