



AUTHORIZATION AND CONSENT FORM

PLEASE READ CAREFULLY

We truly welcome your application with **company**. You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **company** may now, or any time while I am employed/training, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment/training eligibility under **company** employment/training policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/training, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize **AccuSource, Inc.** at 1240 E. Ontario Avenue, Suite 102-140, Corona, California 92881, 951-734-8882, customerservice@accusource-online.com, www.accusource-online.com, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **company**. **Contact AccuSource, Inc., if you want to receive a copy of our Information Security Policy.**

I have read and understand this document, and I authorize the background verification.

I authorize persons, schools, current and former employers, and other organizations and Agencies to provide **AccuSource, Inc.** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/training was denied based on information obtained by my prospective employer/training program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name	First Name	Middle Name
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List Other Names Used (MAIDEN NAME)	Date of Birth (For Identification only)	Social Security Number
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Drivers License Number	State Drivers License Issued	Last Name on Drivers License
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Current Address	City/State/Zip	Dates
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Previous Address	City/State/Zip	Dates
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Previous Address	City/State/Zip	Dates
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Applicant's Signature

Today's Date

← **RELEASE MUST BE SIGNED**

- Please provide me with a copy of my credit report (California, Oklahoma, Minnesota residents only)
- Please provide me with a copy of my investigative consumer report (California, New Jersey and New York residents only)