

Phelps Investigations & Employer Service
P.O. Box 9147
Mesa, AZ 85214-9147
Office (480) 807-9799

and

PROVIDE THE FOLLOWING STATEMENT WHICH MUST BE COMPLETED BY APPLICANT IN COMPLIANCE WITH THE FCRA OF 1997

APPLICANT DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with you, I understand that a consumer report which may contain public information may be requested from **Phelps Employer Service**, Mesa, Arizona. The report may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public records information concerning my driving record, workers compensation claims, credit history, bankruptcy proceedings, criminal records, educational background, professional licensees etc. from federal, state and other agencies which maintain such records.

I, Authorize, without reservation, any party or agency contacted by Phelps Investigations & Employer Service, dba, Phelps Employer Service to furnish the above-mentioned information for before, during or after employment.

I understand I have the right to make a request to **Phelps Employer Services**, upon proper identification, of the nature and substance of all information in its files on me at the time of my request, including the sources of information; and the recipients of any reports on me which **Phelps Employer Services** has previously furnished within the two year period preceding my request. I hereby consent to your obtaining the above information from **Phelps Employer Services**.

TO BE COMPLETED BY APPLICANT

PLEASE PRINT OR TYPE

NAME: _____
LAST FIRST MIDDLE MAIDEN

Other names used: _____

Current Address: _____
STREET ADDRESS APT # CITY STATE ZIP

Phone Number (____) ____ - _____ Email Address _____

Previous address (If above address is less than 7 years): _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

Driver license #: _____ State _____ Expires _____

Previous criminal convictions _____ NO _____ YES _____ Location _____

Applicant Signature Date

You may fax this form without a cover sheet 24 hours a day to (480)807-5530. This is a secured fax. Or, you may pdf the form to PhelpsandPhelpsInvestigations@gmail.com Information obtained is confidential only to the authorized company representatives. This form may be reproduced.