

APPLICANT COMPLETE THE FOLLOWING Release Authorization

I In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

II Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies, including the California Department of Labor.

IV California applicants only. Upon Request a copy of these reports can be provided to you .

V I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Cheryl O'Keefe-Skinner, P.I., P.I. License #24741, or her agent, to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential, and will not be used for any other purposes. I hereby release the employer and agents, and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the abovementioned information or reports.

Please print your full name

First _____

Middle _____

Last _____

Please print other names you have used

Home Address _____

City _____

Zip Code _____

State _____ -

Social Security Number _____

Date of Birth _____

Driver's License Number _____

State Issuing License _____

Name as it appears on license _____

Signature _____

Today's Date _____

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURED FILES, SEPARATE FROM PERSONNEL RECORDS!

PLEASE FAX THIS FORM TO FAX: 951/246-3117 Telephone951/246-3117

Please call Before sending FAX

EMPLOYER COMPLETE THE FOLLOWING Order Form

Requester Name _____

Company Name _____

Address _____

City, State, Zip _____

Telephone _____

Fax _____

E-mail _____

EMPLOYER - COMPLETE THE FOLLOWING DELIVER MY REPORTS VIA: Fax Mail Verbal

Social Security Verification

Driving Record

Motor Vehicle Registration

Workers' Compensation History

(Employer certifies that a conditional job offer has been made)

Credit (for employment purposes only)

Civil Records Municipal Superior Federal

County(s) _____

Criminal Records Municipal Superior Federal

County(s) _____

National Criminal Wants & Warrants

Bankruptcies, Tax Liens, Judgments

County(s) _____

Verifications

Employment Verification

Specify number of employers: _____

Employment References

Specify number of employers: _____

Education/Academic Verification

School Institution: _____

Professional License

Type: _____

Personal References

Specify number of personal references: _____

Military Service Verification

Corporate Records Search

DCC Filings

Fictitious Business Name Search

County(s) _____

Business Licensing

City, State: _____

State Board of Equalization

OSHA

Business Credit Report

Other: _____

Please submit copy of employment application or resume if available.