

SCREENING SOLUTIONS

Background Investigation Specialists

Authority for Release of Information

In connection with my application for employment and in accordance with state and federal law, I authorize Screening Solutions to obtain and/or investigate any and all information, including that of a confidential or privileged nature. This includes, but is not limited to, current and previous employment information with salary, personal reference information, a consumer credit report for employment purposes, criminal records, drug test results, educational credentials, professional credentials, and any other information requested. These requests may include information concerning my experience along with reasons for termination of past employment. I understand that Screening Solutions is a third party consumer reporting agency, and therefore consent to the release of information to this agency.

Intending to be legally bound hereby, I release you, your organization and others contacted from any liability or damage which may result from furnishing the information requested. Photocopies of this authorization carry the same authority as the original.

I understand I have the right to make a request of the Consumer Reporting Agency upon proper identification and the payment of any authorized fees, to provide the information in its files on me at the time of my request. I further authorize the ongoing procurement of the above mentioned reports at any time during my employment or for any employment purposes.

Please **print** the following information clearly in blue or black ink only.

Full name: _____ Maiden: _____

Street Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ Years lived in this state: _____

Social Security Number: _____ Phone Number: _____

Driver's License Number and State: _____

Date

Signature of Applicant

The following information is used solely for the purpose of conducting your background investigation:

Date of Birth: _____

California, Minnesota, and Oklahoma Residents only:

If a consumer background report is ordered, would you like a free copy of the report mailed to your home?

Yes

No

Signature: _____ Date: _____

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Client Information

Name: Lighthouse Management
Phone #: 865-291-9009
Email: mmccay@lpmleasing.com

PLEASE PRINT CLEARLY WITH BLUE OR BLACK INK ONLY!

Personal	Applicant's Full Name: _____ Social Security #: _____
	Applicant Drivers License #: _____ State Issued: _____
	Complete Address: _____
	Home Phone #: _____ Cell Phone #: _____
	Position Desired: _____ Availability: _____
Employment History	Current/Most recent Employer: _____
	Employer Address/Location: _____ Phone: _____
	Dates of Employment: _____ Position: _____ Salary: _____
	Reason for leaving: _____
	Previous Employer: _____
	Employer Address/Location: _____ Phone: _____
	Dates of Employment: _____ Position: _____ Salary: _____
	Reason for leaving: _____
	Previous Employer: _____
	Employer Address/Location: _____ Phone: _____
	Dates of Employment: _____ Position: _____ Salary: _____
	Reason for leaving: _____
Education	Name of University or Tech School: _____
	Location: _____ Name used when attended: _____
	Dates of Attendance: _____ Degree/Certificate Received: _____
References	Please list three (3) personal references with daytime phone numbers that are not relatives or previous employers:
	1. _____
	2. _____
	3. _____

Failure to complete application in full will result in a processing delay!

I authorize Screening Solutions to make any necessary investigation as to the contents that are contained in this application.

Applicant Signature: _____ Date: _____