

Workforce Screening-Site Access Control-Monitoring & Reporting

## ALL PAGES MUST BE SUBMITTED FOR SCREENING TO TAKE PLACE

Client		
Name:		
**Will this Report be used for Em	ployment Purposes?	□YES □NO
Client	Branch	Service
Code:	Code:	Code:
Company Representative		
Authorized Signature:		
PLEASE PRINT LEGIBLY – <u>ALL INFOI</u> LEGAL NAME:	RMATION IS REQUIRED	<u>)</u>
Last Name	First	MI
SOCIAL SECURITY #:	DATE OF BIRTH:	
information contained in your application for emprequested below is necessary to complete this tassole purpose of verification of information, and of a understand and agree that FC Construction Secunderstand that this verification may include an adjudication records, prior employment (including	ployment, conditional job offer o ask. This information is NOT a p or statements made by you. ervices will verify all or part of the inquiry into my credit history, cri ng contacting prior employers), e	exas licensed, Private Investigations Agency to verify certain or provided by you during the interview process. The informatio part of the application for employment and will be used for the e information I have given my prospective employer. I iminal and civil records felony & misdemeanor and deferred education (degree, GPA and attendance) as well as other publications as heir for a capacita for illegal degree.
record information. I understand I may be requirelease of such information as may be necessar APPLICANT SIGNATURE:		urine or hair) for a screening for illegal drugs. I authorize the e provided.  DATE:

\*\* The Fair Credit Reporting Act (FCRA) defines Employment Purposes as follows "The term "employment purposes" when used in connection with a consumer report means a report used for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee." If you answered "YES" that this report is for Employment Purposes, you will have additional requirements under the FCRA. \*\*



## **Applicant Information Form**

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Client								
Name:								
Client	E	3ranch			Service			
Code:	(	Code:			Code:			
Company Representative					•			
Authorized Signature:								
PLEASE PRINT LEGIBLY – AL	L INFORMA	TION IS REC	QUIRED					
LEGAL NAME:								
Last Name		First			MI			
SOCIAL SECURITY #:								
CURRENT ADDRESS:								
STRE	ET	_	CITY/S1		ZIP		_	
		□WHITE	□ ASIAN	□OTHER:			□ MALE	
DATE OF BIRTH:	ETHNICITY:	□HISPANIC	□BLACK		GEND	)ER	□FEMALE	
(MONTH, DAY, YEAR)								
DRIVER'S LICENSE #:		STATE OF ISS	SUANCE:		CELLULAR #:			
		<b>U</b>						
APPLICANT SIGNATURE:				!	DATE:			

It is possible that your contract may be determined in whole or part by your company using data from a report supplied by FC Construction Services, 8350 N. Central Expressway, Suite 300, Dallas, TX 75206. Pursuant to Section 609 of the Fair Credit Reporting Act, you may be entitled to a copy of this report.