

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 – ALL INFO	RMATION IS REQUIRED	<u>)</u>		
Last Name	First	MI		
SOCIAL SECURITY #:	DATE OF BIRTH:  (MONTH/DAY/YEAR)			
APPLICANT CONSENT:				
information contained in your application for emp	ployment, conditional job offer c ask. This information is NOT a إ	xas licensed, Private Investigations Agency to verify certain or provided by you during the interview process. The information part of the application for employment and will be used for the		
understand that this verification may include an adjudication records, prior employment (includin	inquiry into my credit history, cr g contacting prior employers), c red to provide a sample (either	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 publi urine or hair) for a screening for illegal drugs. I authorize the e provided.		
APPLICANT SIGNATURE:		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.