

**APPLICANT DISCLOSURE AND RELEASE
FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS**

In connection with my application for employment with _____, I understand that a consumer report and/or investigative consumer report, as defined by the Fair Credit Reporting Act (FCRA), may be obtained from SimpleScreening, Inc., its agents or employees, and I authorize all corporations, employers, co-workers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background and agree to release the aforementioned from any liability for collecting that information.

I understand that an investigative consumer report is a special type of consumer report which is obtained through interviews and may contain information about my character, general reputation, personal characteristics, and/or mode of living. Upon my written request within a reasonable period of time, a complete disclosure of the nature and scope of that investigation will be made to me in writing within five (5) days of the date on which the request was received.

I further authorize _____, if I am hired, to request a consumer report and/or investigative consumer report about me, for employment related purposes, at any time during the course of my employment. I agree that this Disclosure and Release will be valid, now or in the future, in original, faxed, copied or electronic form.

I acknowledge that I have received a copy of the "Summary of Your Rights" under the "Fair Credit Reporting Act".

I understand that my date of birth will be used solely for identification purposes.

First Name _____ Middle* _____ Last _____ Suffix _____

Any other name(s) used _____

Social Security # _____ - _____ - _____ Date of Birth _____

Position Applied For _____

Present Address _____

City/State/Zip/County _____

Telephone Number(s) _____

Previous Cities/States of Residence During Last 7 Years _____

Driver's License # _____ State of Insurance _____

Applicant Signature _____ Date _____

* Please Provide Full Middle Name