

# Notification / Release of Information

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative consumer Report is conducted, I will be notified in writing with in three days from request of said report. I Believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

## Write In Black Ink Only!!!!

Name (Last) \_\_\_\_\_

(First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List Any other name used in the last 7 years \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Phone # (Day) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (Eve) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Current address

\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Previous address

\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

List the cities or towns you have lived in the past 7 years. Use additional form if necessary

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

## **DO NOT WRITE BELOW THIS LINE! COMPANY SUBMITTING REQUEST ONLY**

### **TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:**

Company Requesting Information: \_\_\_\_\_ Return Fax # \_\_\_\_\_

Name Of Person To Return Info To: \_\_\_\_\_ Voice # \_\_\_\_\_

Information Requested:

Criminal History  Civil History  Credit Report  Social Security Verification

DMV History

#### Disclaimer:

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Paladin International, Inc., and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Paladin International, Inc., can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Paladin International, Inc., its sources, officers, agents or employees. Furthermore you agree to indemnify Paladin International, Inc., its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, credit history and / or workers compensation claim history.