



410 S. Ware Blvd., Suite 607 • Tampa, FL 33619 • (800) 689-2228 • FAX (813) 831-1839

Applicant Authorization And Consent For Release Of Information

- I. In connection with my application for employment or continued employment, I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving records, criminal court records, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. All results will be kept CONFIDENTIAL.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: If you want a free copy of the report(s) ordered, check this box . The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: AccuScreen.com, 410 S. Ware Blvd., Ste 607 Tampa, FL 33619
- V. I hereby authorize the background verification, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by AccuScreen.com or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by any previous employer to AccuScreen.com. This release is in accordance with DOT Regulation 49CFR Part 40, Section 40.25. I understand that the information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking criminal court records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.

NAME (PRINTED OR TYPED)	SIGNATURE		
FORMER NAME AND/OR OTHER NAMES	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
DRIVERS LICENSE NUMBER	STATE	M() F()	GENDER
NAME THAT YOUR DRIVERS LICENSE IS UNDER	YES() NO() MAY WE CONTACT YOUR PRESENT EMPLOYER		
HOME TELEPHONE NUMBER	TODAY'S DATE		
CURRENT ADDRESS	CITY	STATE	ZIP CODE COUNTY HOW LONG
FORMER ADDRESS	CITY	STATE	ZIP CODE COUNTY HOW LONG
FORMER ADDRESS	CITY	STATE	ZIP CODE COUNTY HOW LONG

PLEASE LIST BELOW ALL OTHER CITIES AND STATES THAT YOU HAVE RESIDED IN, IN THE PAST 7 YEARS:
