

**APPLICANT COMPLETE THE FOLLOWING**

**Release Authorization**

I, in connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reason for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

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 which provided the information.

III. I acknowledge that a telephone 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. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by ADP Screening and Selection Services from Avert or its agent, to furnish the information described in Section I.

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

Please print your full name Last First Middle

Please print other names you have used

Home Address

City State Zip Code

Social Security Number

Date of Birth

The following states require Sex and Race:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex:  Male  Female

Race:  Asian  Black  Hispanic  White  Other

Drivers License Number State Issuing License

Name as it appears on license

Signature Today's Date

IF REQUIRED, NOTARIZE HERE

When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires

**EMPLOYER COMPLETE THE FOLLOWING**

Order Form  
1026317 Eastern Seal CO.  
Customer Number Company Name  
303-233-1666 x237 303-233-1028  
Phone Number Fax Number  
Nancy Hansen  
Requester Name Billing Code

EMPLOYER- COMPLETE THE FOLLOWING ONLY IF ORDERING BY FAX

DELIVER MY REPORTS VIA:

Fax  Mail  OrderXpert

PLEASE CHOOSE FROM THE FOLLOWING REPORTS:

PACKAGE



888-606-7068  
800-237-4011 (FAX)

NAME OF PACKAGE

Screening and Selection Services

from Avert

BANKRUPTCY RECORDS

Check to order same report for other names used

City State County (if known)

CIVIL COURT RECORD (Select any U.S. Counties)

Check to order same report for other names used

City State County (if known)

City State County (if known)

CREDIT RECORDS (For employment purposes only) Specify bureau(s)

TransUnion (default)  Equifax  Experian

STATEWIDE CRIMINAL HISTORY (Where available)

Check to order same report for other names used

List State(s)

COUNTY CRIMINAL HISTORY (Select any U.S. Counties)

Check to order same report for other names used

City State County (if known)

Felony (default)  Misdemeanor (Where available for additional charge)

City State County (if known)

Felony (default)  Misdemeanor (Where available for additional charge)

FEDERAL COURT RECORD

FEDERAL CRIMINAL  FEDERAL CIVIL

Check to order same report for other names used

City State County (if known)

DRIVING RECORD

SSN VALIDATION (First Check)

ADDRESS VERIFICATION (Instant Address Link)

NAME VERIFICATION (Name Link) (For employment purposes only)

REFERENCE CHECK

(Reference information, including city and state, required on a separate sheet)

Work Reference  Personal Reference

Education Confirmation  Credential Confirmation

WORKERS' COMPENSATION HISTORY

Employer certifies that a conditional job offer has been made

List State(s)