

**Applicant Release and Authorization**

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 or promotion. This report is being provided by Inquiries, Inc.- 129 N. West St Easton, MD 21601 – Phone 410-819-3711. 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. 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.

**Please write clearly**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any maiden/other name used in the last 7 years \_\_\_\_\_

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

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Professional License Held\* \_\_\_\_\_ State \_\_\_\_\_ Lic.# \_\_\_\_\_

(\*only if requesting a professional license verification)

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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

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

**\*\*\*APPLICANT – DO NOT WRITE BELOW THIS LINE\*\*\***

**FAX TO: (410) 819-3670**

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: \_\_\_\_\_ Branch \_\_\_\_\_

\_\_\_\_ Please start our standard background check (ignore boxes below)

Or select from the following:

\_\_\_ County Criminal History \_\_\_ Maryland Statewide Criminal History \_\_\_ Civil History \_\_\_ Credit Report \_\_\_ Social Security Verification

\_\_\_ Education/Degree Verification \_\_\_ Driving Record \_\_\_ National Wants & Warrants \_\_\_ Professional License Verification

\_\_\_ Previous Employer Verification

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