

Background Screening Authorization and Disclosure

As part of the application process for employment at _____ ("company/customer name"), I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for National Screening Bureau and/or its agents contacted by National Screening Bureau to obtain information.

In addition, I release and discharge National Screening Bureau, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process.

I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the above stated company.

I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

Upon Request, National Screening Bureau will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: National Screening Bureau, 209 E William, Suite 418, Wichita, KS 67202 or by contacting us at 1-877-263-4405.

Signature: _____ **Date:** _____

I have received a copy of "A Summary of your Rights"

The following must be filled out completely for your application to be considered.

< Please Print >

Last Name	First Name			Middle Name	Other Names Used	
Home Address	City		State	Zip		
Previous Address	City		State	Zip		
Phone #	Sex M F	Date of Birth			Social Security #	Drivers License #
		MM	DD	YYYY		
*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval					Race	State Drivers License was issued in: