CONSUMER REPORT/INVESTIGATIVE CONSUMER REPORT DISCLOSURE AND RELEASE OF INFORMATION AUTHORIZATION

I authorize consumer-reporting agency, to retrieve inform companies, corporations, credit reporting agency to my past activities, to supply any and all inforbut is not limited to academic, residential, ach reports, driving records, and criminal history re and authorize such transmission.	cies, law enforcement mation concerning m lievement, job perforr	nnel, educational institur agencies at the federal, y background. The inforr mance, attendance, litiga	state or county level, relating mation received may include, ation, personal history, credit
If currently employed: My employer may be YES	contacted,		
NO	Annligant's Initi	ala	
			
I understand that a Consumer Report or Ir summarizing this information. If my prior employobtained through personal interviews regarding living. I may request a copy of any report that is all information about me contained in the files inspect those files with reasonable notice duri person. The consumer-reporting agency is required that proper identification will be required and the 27443, Tempe, Arizona 85285. Phone 866-777.	oyers and/or reference my character, general prepared regarding resofthe consumer-reging regular business luired to provide some at I should direct my	es are contacted, the re al reputation, personal cl me and may also request porting agency. I unders hours and that I may be eone to explain the cont	port may include information naracteristics and/or mode of the nature and substance of tand that I have the right to accompanied by one other ents of my file. I understand
Are you applying for employment in the Stat If you are applying for employment in the S Information Authorization is required for any	State of California p	lease note that a new	
Are you applying for employment in Californ If so, would you like a copy of any Consume			
I hereby certify that all the statements and ar complete to the best of my knowledge, and I u answers are found false or that information has termination of my employment. Further, I unde been made. I am willing that a photocopy of the that if employed by the above named company in effect throughout such employment.	understand that if sub been omitted, such fa- rstand that by reques is authorization be ac-	sequent to employment alse statements or omiss sting this information, no eceptable with the same	any such statements and/or ions will be just cause for the promise of employment has authority as the original; and
Signature	Social Security Nu	umber	Date
Personal Telephone Contact Number	Email Address		
NOTE: The following information is needed to application. It is used only for identification pur PRINT CLEARLY .			
Last Name	First Name		Middle Name
Please list all aka's including maiden names			
Street Address	City	State	Zip Code
Driver's License Number	State of License	Expiration Date	Date of Birth
Last School Graduated From		Campus	
Year of Graduation		Degree	