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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 reasons 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 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 Minnesota 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 Coast to Coast Data Search, 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 and 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

_____ _____
Driver's License Number State Issuing License

_____
Name as it appears on license

_____ _____
Signature Today's Date

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURED FILES, SEPARATE FROM PERSONNEL RECORDS!

PLEASE FAX TO ALIAS CONFIDENTIAL: (530) 885-5505
Telephone: (877) 885-2624

EMPLOYER COMPLETE THE FOLLOWING

Order Form

_____
Requester Name

_____
Company Name

_____
Address City, State Zip

_____
Telephone Fax

EMPLOYER - COMPLETE THE FOLLOWING

DELIVER MY REPORTS VIA: ☐ Fax ☐ Mail ☐ Verbal

☐ Social Security Verification

☐ Driving Record

☐ Motor Vehicle Registration

☐ Workers' Compensation History
(Employer certifies that a conditional job offer has been made)

☐ Credit (for employment purposes only)

☐ Civil Records ☐ Municipal ☐ Superior ☐ Federal
County(s) _____

☐ Criminal Records ☐ Municipal ☐ Superior ☐ Federal
County(s) _____

☐ National Criminal Wants & Warrants

☐ Bankruptcies, Tax Liens, Judgments
County(s) _____

☐ Verifications

- ☐ Employment Verification
  Specify number of employers: _____
- ☐ Employment References
  Specify number of employers: _____
- ☐ Education/Academic Verification
  School/Institution: _____
- ☐ Professional License
  Type: _____
- ☐ Personal References
  Specify number of personal references: _____
- ☐ Military Service Verification

☐ Corporate Records Search

☐ UCC Filings

☐ Fictitious Business Name Search
County(s) _____

☐ Business Licensing
City, State: _____

☐ State Board of Equalization

☐ OSHA

☐ Business Credit Report

☐ Other: _____

Please submit copy of employment application or resume if available.

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