

**EMPLOYMENT BACKGROUND SCREENING – CONSUMER REPORT – INVESTIGATIVE  
CONSUMER REPORT REQUEST, AUTHORIZATION, CONSENT AND RELEASE**  
(PLEASE TYPE IF POSSIBLE)

**LAST NAME                      FIRST NAME                      MIDDLE NAME                      SUFFIX (Jr., Sr. II, etc.)**

I understand that in conjunction with my application for employment, Employer will use the services of an outside agency to research and verify the information that I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to **Employer**. **Employer** uses **VeriFirst Background Screening, LLC**, a consumer-reporting agency, as an agent to perform background verifications, and provide Consumer Reports and Investigative Consumer Reports.

**VeriFirst Background Screening, LLC**, will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Worker Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize, and consent to the release and disclosure of any and all information including but not limited to the above to **Employer** and **VeriFirst Background Screening, LLC**. I further request, authorize, and consent to the procurement of a Consumer Report by **Employer** and **VeriFirst Background Screening, LLC**, as part of the **Employer's** hiring background and investigation.

I request, authorize, and consent to the procurement of an Investigative Consumer Report by **Employer** and **VeriFirst Background Screening, LLC**, as part of the **Employer's** hiring background and investigation. I understand that the Investigative Consumer Report may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. In accordance with the Fair Credit Reporting Act, 15 U.S.C. §§ 1681-1681u, **Employer** will notify me prior to and after taking adverse action against me such as denying employment, because of information obtained from a Consumer Report and/or Investigative Consumer Report. I understand that if I request from **VeriFirst Background Screening, LLC**, within 60 days, upon notification by my **Employer** that an adverse action has been taken by my **Employer**, I will be given a full and accurate disclosure as to the nature and scope of all information provided to **Employer**, including the substance of all information in its files on me at the time of my questions, sources of information, and the recipients of any reports on me which **VeriFirst Background Screening, LLC**, has previously furnished within the last two years preceding my request. I further understand that when requesting a copy of the Investigative Consumer Report and/or the Consumer Report, proper identification will be required and I should direct my request to **VeriFirst Background Screening, LLC**, 301 Lacey Street, West Chester, PA 19382, (Phone: 800-891-6024).

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. I hereby release **Employer** and its employees, and/or agents and/or representatives, **VeriFirst Background Screening, LLC**, and its employees, and/or agents and/or representatives and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or the release of any of the above mentioned information or reports.

Date:

Signature of Applicant (typed signature authorizes use):

Printed Name:

Position Applied For or Held:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Social Security Number

/ /  
Date of Birth

Driver's License No.

State

Other names you have used or are also known as:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 5 YEARS

Current Phone Number:

Current Address:

Street                      Apt.#    City      State    Zip Code                      How Long At Address

Former Address:

Street                      Apt.#    City      State    Zip Code                      How Long At Address

Former Address:

Street                      Apt.#    City      State    Zip Code                      How Long At Address

Former Address:

Street                      Apt.#    City      State    Zip Code                      How Long At Address

**Disclaimer:**

**This form is not meant to provide legal advice of any kind. VeriFirst Background Screening, LLC. makes no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained herein. VeriFirst Background Screening, LLC. makes no EXPRESSED OR IMPLIED warranty that this form is appropriate for your particular needs. PLEASE SEEK THE ADVICE OF LEGAL COUNSEL REGARDING YOUR DUTIES AND OBLIGATIONS UNDER THE FAIR CREDIT REPORTING ACT AND OTHER FEDERAL AND/OR STATE LAWS.**