



## DISCLOSURE

In connection with your evaluation for employment with **NEHCRStaffing** a consumer report on you may be obtained for employment purposes.

By signing the attached APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION, you authorize **NEHCRStaffing** to procure a consumer report on you to be used for employment purposes.

### Acknowledged:

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NAME (TYPED OR PRINTED)

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X SIGNATURE



## Background Screening Consent Form

<b>Personal Information</b>					
Full Legal Name (No Nicknames, First, Middle, Last):					
Maiden Name/Other Names Used:				Date name last used:	
Maiden Name/Other Names Used:				Date name last used:	
Social Security Number:       -       -       -		Date of Birth:       /       /		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Drivers License Number:		State DL Issued:			
<b>List addresses for the last 7 years: (attach additional pages if necessary)</b>					
1.	_____	_____	_____	_____	_____
	(Current) Street	City	County	State	Zip       Years From – To
2.	_____	_____	_____	_____	_____
	(Previous) Street	City	County	State	Zip       Years From – To
3.	_____	_____	_____	_____	_____
	(Previous) Street	City	County	State	Zip       Years From – To

### Authorization to Release Information and Records

I, (state your name) \_\_\_\_\_, hereby authorize NEHCRStaffing and/or their agent to conduct an appropriate background investigation of my former employment, education, credit files, and criminal records for determination of my eligibility for employment. I authorize all persons who may have information relevant to this investigation to disclose it to \_\_\_\_\_ and/or their agent. I release and agree to hold harmless all persons providing such information and \_\_\_\_\_, its officers, directors, employees and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information or files in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15 USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to EZ Screen Solutions, LLC the following information and/or copies of documents from my military service record: DD-214, service record, and any disciplinary records.

I understand that these searches may be used to determine work assignment, or employment eligibility. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report which can take several weeks. I also understand that I may request a copy of the report from EZ Screen Solutions, LLC at 5994 S. Holly St. #151 Greenwood Village, CO 80111 or at telephone number (800) 429-5303. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? Yes \_\_\_\_ No \_\_\_\_

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Please check the box if you would like to request a copy of your Consumer Report

I hereby certify that all information provided in this authorization is true, correct and complete.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant Signature: \_\_\_\_\_