

Screening Consent Form



Today's Date: _____ Date of Birth: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address: _____

City: _____ County: _____ State: _____ Zip: _____

Maiden or Other Names Used: _____ Social Security Number: _____

Driver License #: _____ Driver's License State: _____ Male _____ Female _____

How long have you lived in Colorado? _____

List each State of past residence. Include duration of stay. (e.g.- CA 2yrs, TX 5yrs, etc.):

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This authorization and consent for release of personal information acknowledges that _____ (hereafter referred to as "Company") and/or its agent, Choice Screening, may now conduct investigations whether the records are of a public, private or confidential nature. 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 14, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Choice Screening, the following information and/or copies of documents from my military service record: DD214, 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. I also understand that I may request a copy of the report from Choice Screening 600 Grant Street, Suite 700, Denver, CO 80222 at telephone number (303)9019981.

After reading this document, I fully understand its contents and authorize the background verification.

I understand that California law required Company to give me a copy of any report requested within seven (7) days of the date the information was obtained and that failure to do so will expose Company to liability (Section 1786.29).

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

Signed this _____ day of _____, 20 ____.

Applicant (Print Name): _____

Applicant Signature: _____