

American Screening, LLC
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PRE-EMPLOYMENT CREDIT AUTHORIZATION RELEASE

In connection with my application for employment with your company, I hereby authorize American Screening, LLC to furnish a consumer credit report regarding me.

The information from the credit report will not be used in violation of any Federal or State Equal Employment Opportunity Law or Regulation. You have the right to obtain a copy of the report and the right to dispute any information. You may contact American Screening, LLC directly at (888)-251-4044. A consumer report may be obtained at any time during the application process or during your employment with the Company.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY INFORMATION SERVICE BUREAU CONTACTED BY AMERICAN SCREENING, LLC TO FURNISH THE ABOVE-MENTIONED CREDIT INFORMATION.

Re: Residents of Oklahoma, California & Minnesota (ONLY) have specific disclosure requirements and we are required to give residents of these states an option to receive a copy of their consumer report. Check off to indicate if you wish to receive a copy directly from American Screening, LLC: YES () NO () – If you are eligible for a copy of your consumer report PLEASE SELECT: *Mail* report to address below () or *Email* report () email: _____

I understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report, I will be provided a copy of the report, the name, address and telephone number of the reporting agency, a summary of my rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

Print Name: _____ / _____ / _____
(Last) (First) (Middle)

Previous Name(s) _____ Date name change(s) occurred _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____

Current Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of years and months you resided at above: _____

Previous Address: _____ / _____ / _____
(City) (ST) (Zip)

Number of years and months you resided at above: _____

Signature: _____ Date: _____

Company Requesting Check: _____ Contact: _____

Phone: _____ Fax: _____