



## EMPLOYMENT INQUIRY/RELEASE FORM

**Please Print**

**California, Minnesota and Oklahoma Resident Only:**

If a consumer credit report is ordered, would you like a free copy of the report mailed to your home

[ ] YES [ ] NO

APPLICANT  
Please Print

APPLICANT  
Read Carefully and Sign

NAME:	FIRST	MIDDLE	LAST
CURRENT ADDRESS: :			Dates FROM:
CITY:	STATE:	ZIP CODE:	
HOME PHONE NUMBER	CELL PHONE NUMBER		
SOCIAL SECURITY NUMBER:	RACE/SEX:	DATE OF BIRTH:	
DRIVERS LICENSE NUMBER:	STATE OF ISSUE:		
1 <sup>st</sup> PREVIOUS ADDRESS:			Dates FROM: TO
CITY:	STATE:	ZIP CODE:	
2 <sup>nd</sup> PREVIOUS ADDRESS: :			Dates FROM: TO
CITY:	STATE:	ZIP CODE:	
3 <sup>rd</sup> PREVIOUS ADDRESS: :			Dates FROM: TO
CITY:	STATE:	ZIP CODE:	

**AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, EMPLOYEE HISTORY, DRUG OFFENSE, VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS.** For and in consideration of my being considered for employment, I hereby authorize the Company designated below ("Employer") to make inquiries to Merchants Security Exchange, DBA MAF Background Screening, (MAF), a consumer reporting agency, concerning my employment suitability and qualification; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to MAF by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such criminal information is on file, or any company ("Prior Company") where such incident, drug test results or credit transaction occurred, and MAF to disseminate such report(s) to Employer. I authorize, as part of the COMPANY policy, to complete drug tests and for the company access of said test results. During any period(s) while I may be employed by Employer, I hereby authorize Employer to make further like inquiries to MAF as Employer may from time to time, deem necessary for employment purposes. I also hereby authorize MAF, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Employers inquiry(ies). I waive any further notice with respect to Employer's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAF's dissemination of any such report(s). I hereby generally release and fully discharge MAF every such governments' agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to Employer by MAF. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to Employer by writing or calling MAF at the address or telephone numbers listed below.

(X) \_\_\_\_\_

SIGNATURE OF APPLICANT

DATE SIGNED

EMPLOYER  
Please Print

EMPLOYER NAME:	MEMBER NUMBER:
ADDRESS:	
CITY:	STATE: ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:
AUTHORIZED EMPLOYER REPRESENTATIVE: (LAST, FIRST)	
Company's Certification: Company hereby certifies to MAF Background Screening that it is requesting a consumer credit report(s) on the applicant named above and that Company will use that report(s) for employment purposes. MAF BACKGROUND SCREENING 800-226-4483	