

Release & Authorization

I hereby authorize, without reservation, Creative Services, Inc. of 64 Pratt Street, Mansfield, MA 02048-1927, (800) 536-0093 or (508) 339-5451 and its agents to conduct a full investigation into my background and activities at any point after this authorization and, if hired, throughout my employment. Therefore, I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc. I understand that during this background investigation process and in accordance with the Fair Credit Reporting Act, a "consumer report," "consumer credit report," and/or "investigative consumer report" (consumer report) may be obtained concerning my character, general reputation, personal characteristics, and mode of living. The nature and scope of my investigation may include but is not limited to employment, credit, education, criminal, and driving history. I release all courts, probation departments, selective service boards, employers, educational institutions, banks, credit bureaus, financial and other institutions, law enforcement and local, state, and federal government agencies without exception, both foreign and domestic to furnish any and all background information (including, but not limited to, driving and/or motor vehicle records) requested by Creative Services, Inc. I understand that this information may be transmitted electronically and authorize such transmissions. I agree that a photocopy of this release shall be accepted with the same authority as the original.

California,											nple	oye	es o	nly	<u>:</u> P	leas	se c	hec	k thi	is bo	x if	you	wou	ld li	ke a	col	ру
																□ YES		□ №			N/A						
		T																				Τ					
(Last Name	5)																						1				
																											T
(First Name	-\													Mid	طام	Na	ma)										
(FIISL Maille	=)												(1	viiu	uie	INA	iiie)										
/O(l N	\																										
(Other Nam degrees or cer			er N	AMES	S (in	cludi	ng ma	aiden	or ma	arrie	d nai	mes)	utiliz	ed a	lurin	g the	prev	ious	7 yea	rs and	l/or u	sed w	hen ol	otaini	ng ar	y	
Current Add	ress:																										
City 9 States											7:.	- C-	daı														
City & State:																Zip Code: Date of Birth: *											
Social Security Number:*														ı	MI	M/DI	D/YY	ΥΥ									
Driver's License Number:*										State of Iss									sue:								
Please list	all add	resse	es v	vher	re y	ou h	ave	resid	ded	for t	he	pas	t se	ven	ye	ars											
(#/Street)					ı		1 1	1		(City	y)	- 1	- 1			1		ı		1 1		(Sta	te)	(.	Zip (Cod	e)
(#/Street)										(Cit	ν) 											(Sta	te)	•	 (Zip	Cod	le)
										, <u>U.I.</u>												, C.a	.5,		\ <u></u> P		
																											\perp
(#/Street) (City)												(Sta	te)	((Zip	Cod	le)										
													1													[
(#/Street)										(City	y)											(Sta	te)	((Zip	Cod	le)
Signature:																				Date							

^{*} Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records. They will not be considered by the employer in making employment decisions. This form will be filed separately from your employment application.