



**CONSUMER REPORT DISCLOSURE & RELEASE
(EMPLOYMENT)**

DISCLOSURE

In connection with your employment or application for employment (including contract for services), consumer reports may be requested from EVERIFILE. These reports may include the following type of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, academic history, professional credentials, and drugs/alcohol use. Such reports may contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from EVERIFILE concerning previous driving record requests made by others from such state agencies and state provided driving records.

You have the right to make a request to EVERIFILE, upon proper identification, to request the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that EVERIFILE has previously furnished within the two-year period preceding your request. EVERIFILE may be contacted at

Oklahoma Applicants Only: I request a copy of any credit report requested on me.

Minnesota Applicants Only: I request a copy of any consumer report requested on me.

RELEASE

I AUTHORIZE, WITHOUT RESERVATION, EVERIFILE, AND ANY PARTY OR AGENCY CONTACTED BY EVERIFILE, TO FURNISH THE ABOVE MENTIONED INFORMATION.

EVERIFILE is authorized to disclose all information obtained to the requesting entity for the purpose of making a determination as to my eligibility for employment, promotion or any other lawful purpose. I agree that such information which EVERIFILE has or obtains, and my employment history if I am hired, may be supplied by EVERIFILE to other companies that subscribe to EVERIFILE. If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for the procurement of consumer reports at any time during my employment or contract period.

By signing below, I certify that I have read and fully understand this release, that prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction, and that I executed this release voluntarily and with the knowledge that the information being released could affect my being hired, my employment, or my eligibility for promotion.

Print Applicant Name

Applicant Signature

Social Security Number

Date

For purposes of gathering this information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purpose.

Print other last names you have used: _____

List States and Counties of Residence for the past 7 years (attach a separate sheet if more space is needed).

State _____	City/County _____	From _____ to _____
State _____	City/County _____	From _____ to _____
State _____	City/County _____	From _____ to _____
State _____	City/County _____	From _____ to _____

Home Address: _____

City: _____ State _____ Zip _____

Social Security No. _____ Date of Birth: _____

Driver's License No. _____ State Issuing License _____