



GENERAL INQUIRY/RELEASE FORM

Please Print

California, Massachusetts, 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

Please 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:
1ST PREVIOUS ADDRESS:		DATES FROM: TO
CITY:	STATE:	ZIP CODE:
2ND PREVIOUS ADDRESS:		DATES FROM: TO
CITY:	STATE:	ZIP CODE:
3RD PREVIOUS ADDRESS:		DATES FROM: TO
CITY:	STATE:	ZIP CODE:
LAST SCHOOL TO RECEIVE A DEGREE		DEGREE STATE
CITY		ATTENDED
EMPLOYER	POSITION	FROM/TO
ADDRESS	CITY	STATE ZIP PHONE
EMPLOYER	POSITION	FROM/TO
ADDRESS	CITY	STATE ZIP PHONE

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, DRUG OFFENSE, VIOLENCE REPORTS, CREDIT BUREAU REPORTS, AND/OR MOTOR VEHICLE REPORTS, I ACKNOWLEDGE I MAY BE SUBJECT TO A "CONSUMER REPORT" and/or AN "INVESTIGATIVE CONSUMER REPORT" (which may include information about my character, general reputation, personal characteristics and/or mode of living, and which can involve personal interviews with sources such as neighbors, friends and associates.) For and in consideration of my being considered for Employment or Advancement, I hereby authorize the Company designated below to make inquiries to MAF Background Screening ("MAFBS"), 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 or drug test results reported to MAFBS by any merchant or employer where such acts occurred; or (iii) any credit bureau reports. I further authorize any governmental agency where such conviction information is on file, or any company ("Prior Company") where such incident or credit transaction occurred, and MAFBS to disseminate such report(s) to Company. During any period(s) while I may be engaged by Company, I hereby authorize Company to make further like inquiries to MAFBS as Company may from time to time, deem necessary for Employment purposes. I also hereby authorize MAFBS, any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to Company's inquiry(ies). I waive any further notice with respect to Company's inquiries or with respect to such governmental agency's, such Prior Company's, such credit bureau's or MAFBS's dissemination of any such report(s). I hereby generally release and fully discharge MAFBS every such government's 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 or retention may be determined, in whole or in part, based on the report(s) so issued to Company by MAFBS. 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 Company by writing or calling MAFBS at the address or telephone numbers listed below.

(X) _____
SIGNATURE OF APPLICANT DATE SIGNED

COMPANY NAME:	MEMBER NUMBER:
TELEPHONE NUMBER:	FAX NUMBER:
AUTHORIZED COMPANY REPRESENTATIVE:	
<u>Company's Certification:</u> Company hereby certifies to MAF Background Screening that it is requesting a consumer report(s) on the applicant named above and that Company will use that report(s) for PERMISSABLE purposes. MAF BACKGROUND SCREENING 800-226-4483 134 S Tampa St, Tampa FL 33602	