

American Screening, LLC  
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**GENERAL AUTHORIZATION RELEASE**

In connection with my application for employment or tenancy, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character and work habits. Further, I understand and agree that you may request information from various federal, state and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, drug screening, previous employment, academic records and other experiences. Workers Compensation information will be requested in compliance with the Americans with Disability Act. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be advised and be given the name of the original source of the information. This authorization is executed with full knowledge and understanding that the companies involved and others acting on it's behalf will take measures to protect the aforementioned against unauthorized disclosure to any parties not having legitimate need for it in the discharge of official business and will act in good faith to be in compliance with the FCRA and the Drivers Privacy Protection Act. 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. I hereby authorize, without reservation, any law enforcement agency, administrator, state agency, institution, information service bureau, employer or education institution contacted directly or indirectly by any information service bureaus acting on behalf of employer to furnish the above mentioned information and anytime during my employment with below company.

**OK, CA & MN (ONLY)** have specific disclosure requirements and we are required to give residents of these states an option to receive a copy of their background check. Check off to indicate if you wish to receive a copy directly from American Screening, LLC: YES ( ) NO ( ) Please supply your Email Address: \_\_\_\_\_

**CT ONLY** - By law in the event a Criminal Record is found on you in Connecticut we must notify you. Please supply a confidential email address we can send your notice to. Email Address: \_\_\_\_\_  
**Please note: If no email address is listed above then we will mail the report to the current address listed below.**

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.

Print Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(last) (first) (middle)

Previous Name(s) \_\_\_\_\_ Date of name change(s) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State of LIC: \_\_\_\_\_

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: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*  
Company Requesting Background : \_\_\_\_\_ Contact : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

**Please select: (a SS# verification is automatically processed with every criminal report request at no charge).**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Criminal Records   | <input type="checkbox"/> Federal Criminal Records | <input type="checkbox"/> Global Financial Sanctions    | <input type="checkbox"/> Driving Record |
| <input type="checkbox"/> Employment Verify* | <input type="checkbox"/> Education Verify         | <input type="checkbox"/> Professional License Verify   | <input type="checkbox"/> Bankruptcy     |
| <input type="checkbox"/> Drug Screening     | <input type="checkbox"/> Civil Records Search     | <input type="checkbox"/> Sex Offender Search           | <input type="checkbox"/> Social Trace   |
| <input type="checkbox"/> Media Search       | <input type="checkbox"/> Homeland Security Search | <input type="checkbox"/> National CrimeBase Supplement | <input type="checkbox"/> Workers Comp   |

\*If you have selected an "Employment Verify" you must supply us with the applicant's permission to contact current employer.