

PERSONAL INFORMATION RELEASE FORM

Company Name / Branch

Last Name

First Name

Middle Name

Maiden Name / Other Names / Alias

Date Of Birth

Social Security Number

Drivers License Number & State

Current Street Address

City

State

Zip Code

PLEASE LIST ANY ADDITIONAL ADDRESSES IN THE LAST 7 YEARS (MOST CURRENT FIRST).

Street Address

City

State

Zip Code

Street Address

City

State

Zip Code

I, _____, (hereinafter "Applicant") hereby authorize Total Screening Solution, LLC (hereinafter the "Company"), all Company agencies, partners or employees to secure any and all personal information from any source of record that the Company deems necessary in order to perform a background check/credit check/drug test (hereinafter "Background Check"). Applicant understands and acknowledges the Company has been retained by a potential employer (hereinafter "Client") to provide the Background Check. Upon execution of this document (hereinafter "Application"), Applicant agrees that he/she has read, understands and agrees to the following terms:

Applicant attests to the Background Check and certifies the information provided to the Company is true to the best of Applicant's knowledge and belief. Applicant understands that all information furnished to the Company may be verified by the Company or its authorized representatives. Applicant authorizes all individuals and organizations named or referred to in the Application and any law enforcement organization to give the Company all information relative to such verification.

Applicant acknowledges having been informed by the Company that the Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding Applicant, including but not limited to educational history, work references, driving records, financial records including credit reports and criminal convictions or arrest records in order to assist the Company in completing a thorough background investigation. Applicant further acknowledges that reports may be provided to the Company by other firms subcontracted for that purpose.

Applicant understands that the Client requiring this check will automatically have access to the Background Check report once it is finalized. Applicant understands that the Company cannot be responsible for the record keeping of third parties such as but not limited to the Division of Motor Vehicles, county state and federal courts, state repositories, state and regional prisons, local police organizations and other local state and federal organizations.

Applicant / Employee / Candidate Signature

Date