



AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize, **Qualified Property Management (EMP) Account** herein referred to as *Company* and/or its assigns to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. Said report may contain information about me from consumer reporting agencies including but not limited to indebtedness/credit report, mode of living, present and previous employers and/or employment contracts, workers compensation claims, driving record/license, validity of social security number, personal references, education, licenses, criminal records, illegal drugs and alcohol tests and any information that I have disclosed on my applications and/or any attachments, exhibits and/or resumes. A consumer report containing medical records, injury information and/or illness may be obtained only after a tentative offer for employment has been made.

I authorize the *Company* may contact others who may be able to provide information as to my background, character, and general reputation and authorize without reservation any party or agency contacted by the *Company* to furnish the above mentioned information.

I hereby affirm that my answers to all questions on my application, this authorization form and/or any attachments, exhibits and/or resumes are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed affect my application.

This authorization and consent shall be valid in original, fax or photocopy form.

I authorize the ongoing procurement of the above-mentioned information/reports by the *Company* at any time during my employment and/or contract with the *Company*.

The nature and scope of the consumer report and/or investigative consumer report along with the name, address and telephone number of the agency providing the report will be disclosed to you upon timely written request to the personnel department of the *Company*, and within 5 days of the request.

A copy of the consumer report and/or investigative consumer report, a copy of the Summary of Your Rights Under FCRA along with the name, address and telephone number of the agency furnishing the information will be provided before any adverse action is taken by the *Company* based on information contained in the report.

Upon proper identification and payment permissible by law, you have the right to request from the *Company* a copy of any information in its file on you at the time of your request.

By signing below, I acknowledge understanding of the purpose of this Authorization Form and its intended use.

Applicant Information

Print Name: _____ Social Security Number: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Driver's License State _____

Professional License(s): _____ Type: _____ No. _____ State: _____

_____ Type: _____ No. _____ State: _____

IMPORTANT: The following information will be used by United Screening Services Corporation for identification purposes only to perform a background check. This information will not be used as part of the decision process of your prospective employer.

Maiden, Other and/or Former Name(s) _____

Race/National Origin: _____ Gender: Male Female Date of Birth: _____

Signature: _____ Date: _____