



TeamScreen Solutions LLC

FAX (913) 663-2901 — Phone (913) 663-2900

Company _____
Social Security / Address Verification _____
Driving _____
State Criminal _____ Credit _____
Criminal County _____ Other _____

Return Fax No. _____ Contact Person _____ Phone _____

BACKGROUND VERIFICATION DISCLOSURE WITH CREDIT

As part of the employment process, _____ **THE COMPANY** may make investigative inquiries on my background. The Fair Credit Reporting Act as amended by the Consumer Reporting Reform Act of 1996 requires that we advise you that for purposes of employment a Consumer Report may be made which may include information about your credit standing and capacity, character, reputation, personal traits, mode of living and other pertinent qualities for employment purposes including reasons for termination of past employment. Upon written request, information as to the nature and scope of the report will be provided (if one is made) if employment has been denied due to information obtained therein.

Company Rep. Signature _____.

AUTHORITY TO RELEASE INFORMATION (APPLICANT TO READ & SIGN)

I hereby authorize any officer, representative or agent of TeamScreen Solutions (TSS) bearing this release or copy thereof to conduct background investigations including but not limited to a National Cross Reference of all 50 states showing actual past residences, obtaining a consumer credit report and any other information regarding my driving history and records, criminal history, and credit standing. This report may include personal interviews with neighbors, friends, associates, past and present employers, and records from educational institutions, police departments, court records, federal, state and other agencies as well as records of banking, financial statements, professional licensing, workers compensation, military history, civil and insurance claims. In compliance with the Americans with Disabilities Act, my workers comp. History will only be investigated after a conditional offer of employment. This release is executed with full knowledge and understanding that the information is for the official use of TSS and its client. Consent is granted for TSS to furnish such information as described above to third parties in the course of fulfilling official responsibilities. Please furnish the bearer(TSS) with any and all information you possess about me. A photocopy of this authorization can be accepted with the same authority as the original.

SIGNATURE: _____ **DATE:** _____

PRINT NAME _____

ALIAS NAMES _____ **SS#** _____

DRIVER LIC.# _____ **STATE ISSUED** _____ **DOB** _____

CURRENT ADDRESS _____

CITIES/STATES RESIDED
IN PAST 7 YEARS _____

CRIMINAL CONVICTIONS (YES NO) MISD./FELONY _____
COUNTY/STATE _____ **YEAR** _____