REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION
PLEASE TYPE OR PRINT

I:_____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for employment, **RITESOURCE STAFFING, INC** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to **RITESOURCE STAFFING, INC. RITESOURCE STAFFING, INC** uses *Choice Screening*, *a consumer-reporting agency,* as an agent to perform background verifications.

Choice Screening will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, and current and former employers, military records, and education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **RITESOURCE STAFFING, INC** and *Choice Screening*.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **RITESOURCE STAFFING, INC** if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **RITESOURCE STAFFING, INC** I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: *Choice Screening*, 600 Grant St. Suite 700 - Denver, CO 80203, phone: (720) 974-7878

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE RITESOURCE STAFFING, INC AND ITS AGENTS, CHOICE SCREENING AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

_____ _____
Signed **Today's Date**

_____ _____
Printed Name **Position Applied For**

_____---_____---_____ ____/_____/____ _____
Social Security Number **Date of Birth** **Driver's License Number** **State**

Other names you have used or are also known as:_____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

I have read and fully understand the above notice? _____**Yes** _____**No**

Would you like a copy of this report? _____**Yes** _____**No**