

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF 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, work to be performed under contract, promotion, reassignment, and/or retention, **Schwartz Ventures, 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 written report of its findings to **Schwartz Ventures, Inc.**

Schwartz Ventures, Inc. will hire an outside agency to utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, workers compensation records including any and all injuries in compliance with the Federal ADA Act, department of motor vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Schwartz Ventures, Inc.**, and outside agency.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of employment from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Schwartz Ventures, 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 **Schwartz Ventures, Inc.**

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.

| | |
|---|----------------------|
| 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: _____ | |
| Current Phone Number(s): _____ | |

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

(Mo/Yr - Mo/Yr)

| | | | | | | |
|-----------------|--------|--------|------|-------|----------|---------|
| Current Address | Street | Apt. # | City | State | Zip Code | From/To |
| | | | | | | - |
| Current Address | Street | Apt. # | City | State | Zip Code | From/To |
| | | | | | | - |
| Current Address | Street | Apt. # | City | State | Zip Code | From/To |
| | | | | | | - |
| Current Address | Street | Apt. # | City | State | Zip Code | From/To |
| | | | | | | - |