



PreTrax, Inc.
10 Center Street
Chagrin Falls, Ohio 44022
www.pretrax.com
440-247-1600
Fax: 440-247-1611

Authorization for Release of Information

We appreciate your interest in employment with [Company]. As part of our normal procedure for processing applications, we will conduct an investigation into your background. Therefore, by this document we are disclosing to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, and personal characteristics, including, but not limited to verification of credit history, workers compensation, criminal history from various state and private sources along with other public records available, social search and motor vehicle records, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.

Please read the following statement and indicate your agreement by signing below:

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply [Company] and/or its agents with an investigative consumer report containing any information concerning my background. I authorize PreTrax, Inc., its partners, personnel, and/or agents to conduct and interpret interview procedures they believe necessary. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for reporting agencies to procure consumer reports or investigative consumer reports at any time during my employment period. I hereby release all involved in obtaining, providing, and/or utilizing any consumer reports and/or investigative consumer reports from any and all claims and damages of any kind whatsoever.

Please sign below to signify receipt of the foregoing disclosure and authorization.

Applicant Last Name First Name Middle Name or Initial

Other Names Used (Maiden, AKA) Date of Birth Social Security Number

Drivers License Number State Drivers License Issued Last name on Drivers License

Current Street Address City/State/Zip Dates (From / To)

Previous Street Address City/State/Zip Dates (From / To)

Are you currently employed? yes no May we contact your current employer? yes no

Applicant's Signature Today's Date