



# Applicant Release and Authorization

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion. This report is being provided by **AccuSource, Inc.** 1240 E. Ontario Avenue, Suite 102-140, Corona, California 92881, 951-734-8882.

**Please print clearly and fill out completely.**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any maiden/other name used in the last 7 years \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Street or PO# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Street or PO# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Street or PO# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Street or PO# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

I hereby authorize your company or any agent of your company to contact any and all law enforcement agencies, city, state, county, and federal courts to release information about my background including, but not limited to, information about my criminal record, and general public records history to the City of Baltimore with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of ninety (90) days. I understand I have the right to obtain a free copy of this Consumer Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency Human Resources:

BUDGET ACCOUNT NUMBER: \_\_\_\_\_

AGENCY: \_\_\_\_\_

POSITION NUMBER: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

Is fingerprinting required for this position? YES  NO

Give copy with Summary of Rights to applicant. Retain a copy for your files.

RECOMMENDATION RECEIVED FROM DHR: CANDIDATE SELECTED YES  NO