



Disclosure and Authorization Form

Please fax with request to 1-303-573-1298 (Confidential)

As part of the application process for employment at _____, I understand that American DataBank will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act(FCRA). These investigative reports may include, but is not limited to names and dates of previous/current employment, work experience, work habits, characters, work performance, general reputation, workers compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, credit worthiness, civil case, OIG/GSA, OFAC/Patriot Act, any sanction lists, FBI finger printing and drug screen results. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for American DataBank and/or its agents to conduct the searches and investigations.

If I am hired, I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at _____. I also certify that all information provided below and on my resume is correct to the best of my knowledge. Any false statements provided in this form and my resume will be considered just cause for the termination of employment at any time. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge American Databank, and all of its agents, any expenses, losses, damages, and liabilities for the investigative process. Upon Request, American DataBank will supply a copy of my reports and my rights under the Fair Credit Reporting Act. Requests may be directed to: American DataBank, 110 Sixteenth Street, 8th Floor, Denver, CO 80202 or by contacting us at 1-800-200-0853.

Applicant's Name (Please Print): First: _____ M.I. _____ Last: _____

Signature: _____ **Date:** ____mm/____dd/____yy

Date of Birth: ____mm/____dd/____yy

Social Insurance Number: _____ - _____ - _____ **Female** **Male**

Driver's License Number: _____ **Province:** _____

Current Street Address: _____

City _____ **Province** _____ **ZIP** _____

Length of Residency: _____ **E-mail Address:** _____ **Phone:** (____) _____