



SUPERLATIVE RM

SCREENING CONSENT FORM

All addresses for the last TEN (10) years: (attach additional pages if necessary)

1.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From – To
2.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From – To
3.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From – To
4.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From – To
5.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From – To
6.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From – To
7.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Years From – To

I, _____ (**Applicant Name – Printed**) hereby authorize *Superlative RM* and/or their agent to conduct an appropriate background investigation of my former employment, education, credit files, and criminal records for determination of my eligibility for employment. I authorize all persons who may have information relevant to this investigation to disclose it to *Superlative RM* and/or their agent. I release and agree to hold harmless all persons providing such information and *Superlative RM*, its officers, directors, employees and agents from liability on account of such disclosure. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information or files in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 14, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Choice Screening, the following information and/or copies of documents from my military service record: 00214, service record, and any disciplinary records.

I understand that these searches may be used to determine work assignment, or employment eligibility. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from *Superlative RM*, 9355 East Stockton Blvd., Suite 210 at telephone number (916) 478-6700. After reading this document, I fully understand its contents and authorize the background verification.

Convictions are not an absolute bar to employment.

I hereby certify that all information provided in this authorization is true, correct and complete.

Applicant Signature _____ **Date** _____ **D.O.B.** _____ **SSN** _____ - _____ - _____