

**INFORMATION DIRECT, INC.**

1061 Melrose ST C, Placentia, CA 92870 | (800) 707-2450 | Fax: (800) 707-2449

**APPLICANT NOTIFICATION / RELEASE OF INFORMATION**

A Consumer Report and/or Investigative Consumer Report will be conducted in the course of consideration for employment. I authorize your company to contact corporations, employers, credit agencies, educational institutions, law enforcement, courts, and military services to release information about my background including employment, education, credit history, driving record, criminal record, and public records. This release remains in effect for the length of employment. I have the right to a free copy if adverse action is taken (request within 60 days). I certify all information provided is accurate and I understand these terms.

**APPLICANT INFORMATION (Please print clearly)**

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

Other names used (last 7 years): \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ SSN: \_\_\_-\_\_\_-\_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_

Professional License: \_\_\_\_\_ State: \_\_\_\_ Lic#: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address 1: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_/\_\_\_ to \_\_\_/\_\_\_

Previous Address 2: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_/\_\_\_ to \_\_\_/\_\_\_

Previous Address 3: \_\_\_\_\_ State: \_\_\_\_\_ Dates: \_\_\_/\_\_\_ to \_\_\_/\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

CA residents: initial here for a free copy mailed to your address: \_\_\_\_\_

**COMPANY USE ONLY (Applicant do not write below this line)**

Company: \_\_\_\_\_ Return via Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_ or Email: \_\_\_\_\_

Standard Package  Criminal  Civil  Credit  SSN  Driving  Education  Employment  Drug Test  Wants & Warrants  Professional License  OIG  
 Reference  Workers Comp

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