

AUTHORIZATION AND CONSENT FOR THE RELEASE OF INFORMATION ESSENTIAL RESOURCES

I hereby authorize Vereda, Inc. (Vereda), its clients, and/or any of its authorized agents to gather background information. This information includes criminal history, credit records, social security number verification, drug screens, education, employment history, professional references and any other pertinent information related to the function of the job for which I am applying. I also authorize this information to be re-verified at any time during my employment. I understand that all information provided on this release is for identification purposes only and is necessary in order to conduct a background check. I understand that all information is gathered in accordance with the provisions of the Fair Credit Reporting Act (FCRA). I understand that the inquiries and verifications conducted by Vereda are for employment purposes only and are not an invasion of my privacy. In compliance with the FCRA, I understand a copy of this report will be provided to me upon my written request.

I, _____, hereby declare and affirm that the following information is true
Signature

and correct to the best of my knowledge. In addition, I understand that submission of false or inaccurate information on this and/or any other employment forms may result in non selection (or termination if already hired.)

(PLEASE PRINT)

Last Name	First Name	MI	Social Security Number
Driver's License Number	State of Issue	Date of Birth (month, day, year)	
Former Names (i.e. Maiden, Previous Married Names, Legal Name Changes) Name:		Dates from/to:	
Current Address	Dates from/to:	City, State, Zip	County
Previous (Past 7 years) 1.	Dates from/to:	City, State, Zip	County
2.			
3.			
4.			
5.			
Position applied for:	May we contact your current employer?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO		

THE SECTIONS BELOW ARE FOR INTERNAL USE ONLY

Criminal
 Drug Screen
 SS# Trace

If additional services are required, please check:

Education
 MVR/DMV
 Other, please specify _____

Company Name: Essential Resources Contact Name/Email _____ Phone Number _____

Date: _____

BRANCH / LOCATION#: _____