



DISCLOSURE & AUTHORIZATION AND CONSENT FOR RELEASE FORM

PLEASE READ CAREFULLY

We truly welcome your application with **Associated Couriers, Inc.** You are applying for a position whose acceptance will place you in a category of recognized professionals. In pursuit of that excellence we require, as a condition of employment, that all applicants consent to and authorize a pre-employment and/or continued employment verification of their background, including information submitted on their application or resume.

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a social security, motor vehicle verification, education, previous employment, credit, character, general reputation, personal characteristics, mode of living and a criminal background verification may be obtained for the purpose of this employment application. By the signature below, the Applicant acknowledges that **Associated Courier, Inc.** has made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Associated Couriers, Inc.** may now, or any time while I am employed/training, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment/training eligibility under **Associated Couriers, Inc.** employment/training policies.

I have read and understand this release and consent, and I authorize the background verification.

I authorize persons, schools, current and former employers, and other organizations and Agencies to provide **Associated Couriers, Inc.** with all information that may be requested. I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge **Associated Couriers, Inc.** and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any Agency arising from retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/training was denied based on information obtained by my prospective employer/training program and to receive a disclosure of the public record information and the nature and scope of the investigative report.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name (Print) First Name Middle Name

List Other Names Used Date of Birth (For Identification only) Social Security Number

Drivers License Number State Drivers License Issued Last Name on Drivers License

Current Address City/State/Zip Dates

Previous Address City/State/Zip Dates

Previous Address City/State/Zip Dates

Applicant's Signature

Today's Date

← **RELEASE MUST BE SIGNED**