

AUTHORIZATION AND RELEASE FORM

I, _____, having applied for employment, do hereby
(Please Print)

authorize ALL FACTS, INC. to obtain any information regarding my credit, traffic information, including history of violations and status of Driver's License, education history, and employment history including evaluations. Said information is to be released to ALL FACTS, INC., for dissemination to _____. I further release and hold harmless any employee of ALL FACTS, INC., and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

Driver's Lic. No. _____ State _____ *Sex _____

**PLEASE PROVIDE A COPY OF
YOUR DRIVERS LICENSE**

Date of Birth _____ *Race _____

Social Security Number _____ *Place of Birth _____

Other Names (Maiden/Aliases)/Dates _____

How many years have you lived in Georgia? _____

Addresses (past 7 years), Present: 1. _____
Including ZIP CODES _____
(Please Print) 2. _____
(any additional please list on back of form) 3. _____

Signature of Applicant _____ 4. _____

Date _____

*Required for criminal record identification purposes only.

CONSENT FORM

I hereby authorize ALL FACTS, INC./_____ to receive any criminal history record information pertaining to me which may be in the files of any State or local criminal justice agency in Georgia or any other State.

Signature of Applicant _____

Date _____

All Facts, Inc.
Atlanta, Georgia
(404) 257-3335
(404) 257-9500 Fax

**DISCLOSURE TO EMPLOYMENT APPLICANT
REGARDING PROCUREMENT OF
CONSUMER REPORT**

In connection with your application for employment, we may procure, or cause to be procured, a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Applicant's Name

Social Security Number

Address

City, State, Zip

AUTHORIZATION AND RELEASE FORM - CREDIT

THIS FORM CANNOT BE PROCESSED IF INCOMPLETE, ILLEGIBLE OR INACCURATE

I, _____, do hereby authorize

(Please Print Full Legal Name)

ALLFACTS, INC. and its agent, NATIONAL SOURCE PUBLIC RECORDS, INC., to obtain any information regarding my credit. Said information is to be released to ALLFACTS, INC. for dissemination to _____. I further release and hold harmless any employee of ALLFACTS, INC. and any business or individual who supplies said information, from any liability resulting from dissemination of said information.

SSN# _____

Other Legal Names Used Since 2006 (maiden/Aliases) 1) _____

2) _____

Current address: _____

Previous address: _____

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I acknowledge my right to dispute any information found and I have received a Summary of My Rights Under the Fair Credit Reporting Act.

Signature of Applicant Date