

# APPLICATION DISCLOSURE/RELEASE

*First Call*®

Your Staffing Source®

Medical Staffing and Home Care Specialists

# 938

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a **consumer report** may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you of the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a **consumer report** in connection with your application for employment and/or continued employment.

Social Security Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Applicants Last Name: \_\_\_\_\_

Applicants Other Last Names: \_\_\_\_\_

Applicants (printed) First Name: \_\_\_\_\_

Applicants Middle Name: \_\_\_\_\_

## Current Address

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*\*for consumer report purposes only*

List all cities, states and counties lived in for the last **SEVEN YEARS**.

City	State	County
1.		
2.		
3.		
4.		
5.		

## LICENSURE VERIFICATION

Driver License	State:	License Number:
Nursing License / Certification	State:	License Number:

+ A **consumer report** may consist of employment records, educational verification, licensure verification, driving history, previous addresses, and other public records relative to criminal charges. A credit report will not be requested unless it is deemed pertinent to the functions of the position for which you are applying.

I certify that all of the information provided by me on this application disclosure is true, correct and complete. I have not withheld and information requested on this application disclosure.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Today's date