



Authorization to Release Records - Employee

I understand and agree that a Consumer Report or Investigative Consumer Report may be prepared about me as a part of my employment and/or continued employment. I hereby authorize Atlas Risk Management, LLC, an agent of _____ (Client Name), to make a thorough check of my past employment, credit, education, and activities. If an investigative Consumer Report is obtained, then "A Summary of Your Rights under the Fair Credit Reporting Act (FCRA), 15 U.S.C. § 1681 et seq." will be provided to you at the time you receive this authorization.

Check the following for clarification and understanding with regards to the final report:

- ☐ I may request a copy of any report that is created for me and "A Summary of Your Rights under the Fair Credit Reporting Act (FCRA)".
☐ I may request the nature and substance of all information about me contained in the files of the Consumer Reporting Agency (CRA).
☐ I understand that I have the right to inspect those files within a reasonable amount of time.

The CRA is required to provide a professional screener to explain the contents of the finished report. Proper identification will be required. Questions or concerns can be directed to: **Atlas Risk Management, LLC 407 Pennsylvania Ave Joplin, Missouri 64801 (800) 645-1211**

Provide initials indicating you understand that a thorough investigation of work and personal history will be conducted:

<input type="text"/>	I understand the information supplied by me regarding my Employment History, Education (including authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Records(s), Residence History, and References will be utilized as part of the processing procedure.
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California, Minnesota or Oklahoma -- Are you employed in, seeking employment in or a resident of these states? _____ Yes _____ No If so, do you wish to receive a copy of any consumer Report of which you were a subject? _____ Yes _____ No

Maine and New York -- You have the right, upon request, to be informed of whether a Consumer Report about you was requested by the above named company.

I release and indemnify _____ (Client Name) and Atlas Risk Management, LLC against any liability that might result from making such background checks. I release from liability all person, companies and corporations supplying that information. A copy of this form is as valid as the original.

I understand that my consent will apply throughout my employment, to the extent permitted by law.

Signature of applicant or employee	Printed Name	Date Signed

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Employee/Applicant				
Last Name	First Name	Middle	Social Security Number	Date of Birth / /
Other Names (i.e. maiden, etc)			Driver's License	State

Address/History				
Street Address	City	State	Zip	How Long?
Street Address	City	State	Zip	How Long?
May be contact your current employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> not currently employed
				<input type="checkbox"/> Post-hire only

Employment				
Name	City	State	Zip	How Long?
Name	City	State	Zip	How Long?