

CBC EMPLOYMENT SCREENING SERVICES

Toledo Office/Operation Center
5555 Airport Highway, Suite 205 ♦ Toledo, OH 43615
419/861-7555 ♦ FAX 419/861-7565 ♦ 1/800/772-0130 ♦ FAX 1/800/772-0440

REPORT REQUEST

DATE: _____ TIME: _____ ESS SPECIALIST: TEAM #1/Sheri Coulter _____
CUSTOMER #: **85ES61151** **Centaur Associates Inc**
PERSON ORDERING REPORT: _____

APPLICANT INFORMATION: (Please print all information)

LAST NAME: _____ FIRST: _____ MIDDLE: _____ *MAIDEN: _____

CURRENT ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

PREVIOUS ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

SOCIAL SECURITY NO.: _____ *MALE: _____ *FEMALE: _____

DRIVER'S LICENSE NO.: _____ STATE: _____ *DATE of BIRTH: _____

APPLICANT AUTHORIZATION

Without reservation, I authorize this employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my credit, criminal, motor vehicle, and other history. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living.

FCRA DISCLOSURE

This is to inform you that as part of processing your application, a consumer report may be obtained for employment purposes.

SIGNATURE: _____ TODAY'S DATE: _____

*This information is requested by CBC Employment Screening Services solely for purposes of ensuring accurate retrieval of records.

FOR EMPLOYER USE ONLY

Reports Requested: (Place checkmark next to report(s) requested and fill in appropriate information)

- Credit Report
- Social Security Search
- Motor Vehicle Report: State: _____
License No.: _____
- Report (other): _____
Available:
(Please fax a copy of the application if ordering)
 - Education Verification
 - Current Employer Verification
 - Previous Employer Verification
 - Professional License Verification
 - Personal Reference Check

- Criminal Report, County:
State _____
County: _____
City: _____
 Felony
 Felony and misdemeanor
Do you want the maiden name searched? Yes No
(Maiden name search will incur additional charges)
- State Criminal Report (list State): _____

CUSTOMER CERTIFICATION

I, _____, as an authorized representative of the above-mentioned Customer, do hereby **certify** that, in accordance with the ESS Customer Services Agreement, prior to ordering any report for employment purposes, the applicant, 1) authorized the procurement of the report(s), 2) received the FTC "Summary of Your Rights Under the Fair Credit Reporting Act, 3) received the FCRA Disclosure herein, and that 4) in the event any adverse action is to be taken which is based in whole or in part on the report(s), **before** taking such action, the applicant will be provided with a copy of the report(s) including a written summary of a consumer's rights under the FCRA, and 5) information from the report(s) will not be used in violation of any applicable federal or state equal opportunity law or regulation.

Signature of Customer: _____ Date: _____