



Consumer Report/Disclosure Notification

A Consumer Report may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request made within a reasonable period of time to Creative Security Company, Inc. 150 S. Autumn St., Ste. B, San Jose, CA 95110 a complete and accurate disclosure of information as to the nature and scope of the Consumer Report will be Provided to you. You are entitled to ask your prospective Employer for a copy of your Consumer Rights under the Fair Credit Reporting Act.

Release of Information Form

I understand that a Consumer Report or an Investigative Consumer Report as described above may be obtained. All corporations, companies, credit agencies including but not limited to the Trans Union Corporation., financial institutions, are authorized to release all written and verbal information about me. I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

APPLICANT'S PRINTED NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE-OF-BIRTH: _____ - _____ - _____

DRIVER'S LICENSE NO.: _____ STATE: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PREVIOUS ADDRESSES: (City, State & Zip Code for previous seven years)

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

CITY: _____ STATE: _____ ZIP: _____

(Please list last two employers starting with your current or last employer)

**CURRENT / LAST
EMPLOYER** _____

ADDRESS _____ CITY _____ ST _____

WORKED FROM _____ TO _____ ZIP _____
(Month/ Year) (Month/ Year)

PHONE _____ FAX _____

TITLE _____ REASON FOR LEAVING _____

EMPLOYER _____

ADDRESS _____ CITY _____ ST _____

WORKED FROM _____ TO _____ ZIP _____
(Month/ Year) (Month/ Year)

PHONE _____ FAX _____

TITLE _____ REASON FOR LEAVING _____

EDUCATION

NAME OF SCHOOL _____
(Please list entire school name. No Abbreviations.)

CITY _____ STATE _____

PHONE _____

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____ - _____ - _____