



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., 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: _____
First MI Last

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: _____

CITY: _____ STATE: _____ ZIP: _____

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

CURRENT / LAST EMPLOYER _____

ADDRESS _____ CITY: _____ ST _____

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

PHONE _____ FAX _____

STARTING TITLE _____

ENDING TITLE: _____

REASON FOR LEAVING _____

MAY WE CONTACT? YES NO

EMPLOYER # 2 _____

ADDRESS _____ CITY: _____ ST _____

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

PHONE _____ FAX _____

STARTING TITLE _____

ENDING TITLE: _____

REASON FOR LEAVING _____

EMPLOYER # 3 _____

ADDRESS _____ CITY: _____ ST _____

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

PHONE _____ FAX _____

STARTING TITLE _____

ENDING TITLE: _____

REASON FOR LEAVING _____

EMPLOYER # 4 _____

ADDRESS _____ CITY: _____ ST _____

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

PHONE _____ FAX _____

STARTING TITLE _____

ENDING TITLE: _____

REASON FOR LEAVING _____

EDUCATION- *Please note that if your education was completed outside of the US, please attach a copy of your transcripts and/or mark sheets, copy of your degree or diploma and Seat or Roll number (if applicable).*

HIGH SCHOOL

NAME OF SCHOOL _____

(Please list entire school name. No Abbreviations.)

CAMPUS LOCATION _____

LOCATION _____

DATES ATTENDED _____ TO _____ MAJOR: _____

DEGREE RECEIVED: _____ DATE RECEIVED: _____

CITY _____ STATE _____

PHONE _____

COLLEGE (UNDERGRAD)

NAME OF SCHOOL _____

(Please list entire school name. No Abbreviations.)

CAMPUS LOCATION _____

LOCATION _____

DATES ATTENDED _____ TO _____ MAJOR: _____

DEGREE RECEIVED: _____ DATE RECEIVED: _____

CITY _____ STATE _____

PHONE _____

POST GRADUATE

NAME OF SCHOOL _____

(Please list entire school name. No Abbreviations.)

CAMPUS LOCATION _____

LOCATION _____

DATES ATTENDED _____ TO _____ MAJOR: _____

DEGREE RECEIVED: _____ DATE RECEIVED: _____

CITY _____ STATE _____

PHONE _____

Within the last seven (7) years, have you been convicted of any felony or misdemeanor crime?

Yes _____ ***No*** _____

If you answered "Yes", Please list details below.

Location of crime: (i.e. city or county) _____

Date of occurrence: _____
(mo) (yr)

Details: (i.e. charges, disposition)

By my signature, I hereby certify that the information contained in this application is true and correct to the best of my knowledge.

APPLICANTS PRINTED NAME: _____

APPLICANT'S SIGNATURE: _____

DATE SIGNED: _____ - _____ - _____

Please fax back to 408-459-4209