

ONE SOURCE

THE BACKGROUND CHECK COMPANY

P.O. Box 24148 Omaha, NE 68124
(P) 800.608.3645 • (P) 402.933.9999 • (F) 402.333.3280

APPLICANT RELEASE AUTHORIZATION

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination and employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials and references.

Medical and worker's compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

PERSONAL INFORMATION (PLEASE PRINT)

(Please Print) LAST NAME: FIRST NAME: MIDDLE INITIAL (REQUIRED)

OTHER LEGAL NAMES YOU HAVE USED, INCLUDING MAIDEN NAME(S):

HOME ADDRESS: CITY: STATE: ZIP CODE

SOCIAL SECURITY NUMBER DATE OF BIRTH (REQUIRED)

DRIVERS LICENSE # STATE OF ISSUE NAME AS IT APPEARS ON LICENSE

OTHER ADDRESSES IF LESS THAN 7 YEARS AT HOME ADDRESS:
(USE BACK OF SHEET FOR ADDITIONAL ADDRESSES)

ADDRESS: CITY: STATE: ZIP CODE:

ADDRESS: CITY: STATE: ZIP CODE:

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE

SIGNATURE OF APPLICANT:

NAME OF APPLICANT (PLEASE PRINT):

DATE:

ONE SOURCE

The Background Check Company
PO Box 24148, Omaha, NE 68124

I understand that as a condition of my employment, my name will be checked against the Nebraska Department of Health and Human Services Adult/Child Protective Services Central Registries. A check of these registries is necessary to ensure that I meet provider standards.

The purpose of this check will be to determine if my name is being maintained on either registry as a result of the previous abuse/neglect allegations which have been investigated and have not been determined to be unfounded.

To the best of my knowledge, I do not have a conviction or prior history of adult or child abuse/neglect or maltreatment. Neither have I been convicted of a crime involving moral turpitude.

I hereby authorize the Nebraska Department of Health and Human Services to release information contained on the Adult/Child Protective Services Registry including information that a record has been found to One Source, The Background Check Company at the above mentioned address.

(Signature of Applicant)

(Date)

(Printed or typed Name of Applicant/Employee)

(Social Security Number)

Please print or type other Names Used in the past twenty (20) years:

Please print or type all addresses in the past twenty (20) years:

Please type or print names of children that have lived with you:

(Date of Birth)

(Home Address/City/Zip)

(Witness Signature)

(Date Witnessed)

This release becomes void ninety (90) days after signature by Applicant / Employee