



Release Form for Pre-Employment Investigation and Consumer Reports

Please Print Your Name	SSN	DOB
------------------------	-----	-----

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of Alliance Total Care’s review of my application for employment, (herein referred to as **EMPLOYER**) I hereby voluntarily consent to and authorize **EMPLOYER**, or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

- ❖ Employment Verification, Education Verification, Credentials Verification, Military Service Verification
- ❖ Personal Identity Verifications, Past Employment Verification, Reference Checks
- ❖ Criminal Records, Civil Cases, Motor Vehicle Records, Employment Credit Report

I authorize all persons and organizations that may have information relevant to this research to disclose such information to **EMPLOYER** or its authorized agents. I hereby release **EMPLOYER**, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

Print Your Name Here

Your Signature

Date