Authorization to Release Information

I understand joining My Local Pros is of a nature that requires background checks for the purpose of evaluating me for qualification. I also understand that misrepresentation, falsification, or omission of facts herein may be grounds for disqualification, release or dismissal.

APPLICANT INFORMATION

Applicant Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Number of years at address: _____ Previous Names: _____
Phone (home): _____ Phone (cell): _____
SSN: _____ Date of Birth: _____
Driver's License Number: _____
State of Issue: _____ Expiration Date: _____

Since your 18th birthday, have you been convicted of a felony or felony-reduced-to-misdemeanor conviction by any court? You may omit conviction of a misdemeanor while under age 18 if the record was sealed or any minor traffic violations. YES / NO

If yes, please indicate date, location, and explanation: _____

_____

_____

I hereby authorize My Local Pros to request and receive any and all background information about or concerning me, including but not limited to my criminal history, credit history including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, driving record, employment history, military background, professional license, and other entities including my present and past employers.

I further release and discharge My Local Pros from any and all claims and liabilities arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I hereby certify that all statements on this application are true to the best of my knowledge.

_____ _____

Signature Date