

## 301 Main Street, Suite 2B – Reisterstown, Maryland 21136 Tel: (410) 654-5665 (800) 469-4473 Fax: (410) 654-9994 (800) 675-4473 www.air-prehire.com

## **APPLICANT INFORMATION**

The following must be filled in completely for your application to be considered. (PLEASE PRINT CLEARLY)

Full Name:			Social Security #:		
Last,	First,		Middle		
mportant – List o	ther names you	have used	in the last 7 years:		
Maiden / A.K.A. Name:		Last date used:			
	Last	First	Middle		
A.K.A. Name:			Last date used	l:	
	Last	First	Middle		
A.K.A. Name:			Last date used:		
	Last	First	Middle		
Current Drivers License #:			State: _	Birth Date:	
					From - To
Current Address:	Street / P.O. Box	City	State	Zip Code	Provide Dates
mportant – List p	rior addresses fo	or the last	7 years		
revious Address:					From - To
revious Address:	Street / P.O. Box	City	State	Zip Code	Provide Dates
revious Address:					From - To
revious Address:	Street / P.O. Box	City	State	Zip Code	Provide Dates
ravious Addrass					From - To
revious Address:	Street / P.O. Box	City	State	Zip Code	Provide Dates

IMPORTANT: PLEASE COMPLETE RELEASE AUTHORIZATION – NEXT PAGE

## RELEASE AUTHORIZATION

In connection with my application for employment with you, 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 reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various county, state, private and insurance sources along with other public records available.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE DRIVING HISTORY, EARNINGS HISTORY, CREDIT HISTORY, WORKER'S COMP. CLAIMS; CHARACTER, AND EMPLOYMENT RECORDS AND ANY OTHER INFORMATION REQUESTED TO ADVANCED INFORMATION RESEARCH. I VOLUNTARILY AND KNOWINGLY UNCONDITIONALLY RELEASE ANY NAMED OR UNNAMED INFORMANT FROM ANY AND ALL LIABILITY RESULTING FROM THE FURNISHING OF THIS INFORMATION. THIS AUTHORIZATION SHALL BE VALID FOR ONE YEAR FROM THE DATE SIGNED AND A PHOTOGRAPHIC OR FAXED COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL.

This release includes all county, state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be advised and be given the name of the agency or source of information. I understand that I may request and have the right to receive a copy of my consumer investigative report.

This information is being verified by: **ADVANCED INFORMATION RESEARCH**. Any questions should be directed to the following address:

	RE-EMPLOYMENT SCREENI	NG				
301 main Street, suite 2B Reisterstown, MD 21136 Telephone: 410-654-5665 800-469-4473		APPLICANT SIGNATURE				
		APPLICANT SIGNATURE				
	410-654-9994					
rax.	800-675-4473	TODAY'S DATE				
	ollowing must be filled i	in completely for your application  Y)	to be considered.			
LAST N	JAME	FIRST NAME	MIDDLE NAME			
CURRE	NT ADDRESS					
CITY		STATE	ZIP CODE			
SOCIAI	L SECURITY NUMBER					
DRIVE	R'S LICENSE NUMBER	STAT	TE WHERE DRIVER'S LICENSE ISSUED			

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RELEASE AUTHORIZATION 2003 Revised: 7/31/2013/nf