NOTIFICATION AND RELEASE		Sales Representative	
Company Name			
Access ID	BeeCheck ID	CAC Code	
The information contained in my application for emp (hereinafter, "The Company") is true to the best of my with the application or any related documents which is on my employment. I understand and agree that all inform resentative. I hereby authorize all individuals and organ all information relative to such verification and hereby resulting therefrom. I hereby acknowledge that I have tive report that will include personal information regar criminal convictions or arrest records if allowed, in ord Company that reports may be provided to The Company and fully discharge The Company, its parent and affiliate tractors, from any and all claims, monetary or otherwise use of, either a consumer report and/or investigative repagrees to inform you if an employment decision has been may obtain a free copy of the report within sixty days make available to you "A Summary of Your Rights Und	knowledge and belief. I understand the deemed material by The Company shall aation furnished in my application and nizations named or referred to in my a release such individuals, organization been informed by The Company that ding me, including but not limited to, er to assist The Company in making corporate to the decompanies and the respective officer e, that I may have against The Companiort, including any errors or omissions en influenced by information contained by calling Castle Branch Inc. collect as	at any misrepresentation or false statement mall result in The Company not employing me or, if all attachments may be verified by The Company application and any law enforcement organizations and The Company from any and all liability of The Company may seek to obtain a consumer educational history, work references, driving retrain employment decisions. I further acknowled the purpose. I, my heirs, assigns and legal represences, directors, shareholders, employees, agents of my, its parent, affiliates or subcontractors, arising contained or omitted from such reports or investign a consumer report, made at our request by	f employed, terminating my or its authorized repon to give The Company for any claim or damage report and/or investigatecord, drug testing and edge notification by The entatives, hereby release each, including subcong out of the making, or stigations. The Company Castle Branch Inc. You
	PLEASE PRIN	Т	
Name (First, Middle, Last)		Date of Birth (mo/day/yr)	/ /
Maiden Name or "AKA" (First, Middle, Last)		Dates Used (yr) from	to
Social Security #	Dr	iver's License #	State
StreetCity, State, Zip, County			
Applicant Signature	signature required	Date	
For Employe	er Use Only: Please mark (🗸) the	searches to be conducted.	
Contact			
Phone	Fax		
☐ County Criminal - All Counties past 7 years	☐ Social	Security Verification	
☐ County Criminal - County of Residence	☐ Reside	ency History	
Statewide Criminal - (State:)	☐ Emplo	☐ Employment verification (previousemployers)	
☐ Federal Criminal - Nationwide	☐ Refere	Reference verification (References)	
☐ Federal Criminal - Statewide (State:)	☐ Educa	☐ Education verficiation (highest completed)	
☐ Civil Records - (County of Residence)	☐ Profes	☐ Professional License Verification	
☐ Nationwide Criminal Database	☐ Credit	☐ Credit Report - Employment	
☐ Parole & Probation Records (State:)	☐ Patrio	☐ Patriot Act Search	
☐ Sexual Offender Index Check (State:)	☐ Search	☐ Search Maiden Name, Birth Name or "AKA" (each name constitutes an additional search)	
☐ Motor Vehicle Records (State:)	☐ Worke	☐ Workers' Compensation Records	