



## Consumer Report/Disclosure Notification

A Consumer Report may include information about your character, general reputation, personal characteristics, or mode of living. Upon written request made within a reasonable period of time to Creative Security Company, Inc. 150 Barack Obama Blvd., San Jose, CA 95110 a complete and accurate disclosure of information as to the nature and scope of the Consumer Report will be provided to you. You are entitled to ask your prospective employer for a copy of your Consumer Rights under the Fair Credit Reporting Act.

### Release of Information Form

I understand that a Consumer Report or an Investigative Consumer Report as described above may be obtained. All corporations, companies, credit agencies including but not limited to the Trans Union Corporation., financial institutions, are authorized to release all written and verbal information about me. I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent that such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

APPLICANT'S PRINTED NAME: \_\_\_\_\_  
First MI Last

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE-OF-BIRTH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Month) (Day) (Year)

DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PREVIOUS ADDRESSES: (City, State & Zip Code for previous seven years)

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

*(Please list last three employers starting with your current or last employer)*

**CURRENT / LAST EMPLOYER** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month / Year) (Month / Year)

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

STARTING TITLE \_\_\_\_\_

ENDING TITLE: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT? YES  NO

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**EMPLOYER # 2** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month / Year) (Month / Year)

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

STARTING TITLE \_\_\_\_\_

ENDING TITLE: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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**EMPLOYER # 3** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month / Year) (Month / Year)

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

STARTING TITLE \_\_\_\_\_

ENDING TITLE: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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**EMPLOYER # 4** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

WORKED FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Month / Year) (Month / Year)

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

STARTING TITLE \_\_\_\_\_

ENDING TITLE: \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

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**EDUCATION-** *Please note that if your education was completed outside of the US, please attach a copy of your transcripts and/or mark sheets, copy of your degree or diploma and Seat or Roll number (if applicable).*

*You DO NOT have to list your High School information if you have received a college degree.*

**HIGH SCHOOL**

NAME OF SCHOOL \_\_\_\_\_  
*(Please list entire school name. No Abbreviations.)*

CAMPUS LOCATION \_\_\_\_\_

LOCATION \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ TO \_\_\_\_\_

MAJOR: \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

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**COLLEGE (UNDERGRAD)**

NAME OF SCHOOL \_\_\_\_\_  
*(Please list entire school name. No Abbreviations.)*

CAMPUS LOCATION \_\_\_\_\_

LOCATION \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ TO \_\_\_\_\_

MAJOR: \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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**POST GRADUATE (MASTERS)**

NAME OF SCHOOL \_\_\_\_\_  
*(Please list entire school name. No Abbreviations.)*

CAMPUS LOCATION \_\_\_\_\_

LOCATION \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ TO \_\_\_\_\_

MAJOR: \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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**POST GRADUATE (DOCTORATE)**

NAME OF SCHOOL \_\_\_\_\_  
*(Please list entire school name. No Abbreviations.)*

CAMPUS LOCATION \_\_\_\_\_

LOCATION \_\_\_\_\_

DATES ATTENDED \_\_\_\_\_ TO \_\_\_\_\_

MAJOR: \_\_\_\_\_

DEGREE RECEIVED: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

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*By my signature, I hereby certify that the information contained in this application is true and correct to the best of my knowledge.*

APPLICANTS PRINTED NAME: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please fax back to 408-512-5266, or email to [info@worldwidebackgrounds.com](mailto:info@worldwidebackgrounds.com)