Inquiry Release Form

Applicant/Employee Information

Name: _____ _____ _____
Last First Middle

Other Names Used:

_____ _____ _____
Last First Middle

Present Address: _____
Street City State Zip

Years lived at present address:_____ Telephone Number_____

Previous Address: _____
Street City State Zip

Years lived at previous address:_____ Telephone Number_____

Social Security Number:_____ Date of Birth:_____/_____/_____

Drivers License Number: _____ _____
State Number

☐ I would like to receive a copy of the consumer report if one is generated in connection with this authorization.

In consideration for processing my application for employment, or while I am employed at American Federal for promotion, transfer, retention or any other work-related reason, I hereby authorize American Federal to receive information concerning my employment suitability and qualification. This may include information on my past employment and education, criminal records, credit history, motor vehicle records, personal references and other job-related data. I understand American Federal may utilize the services of an outside agency to obtain a background and/or consumer report with the above information and I authorize American Federal to do so. I understand I have the right to request from the consumer reporting agency additional information about the nature and scope of the report. I request and authorize the appropriate individuals, companies, institutions or agencies to release information to a consumer reporting agency and to American Federal and I release them from any liability as a result of such inquiries or disclosures. I also release American Federal and the consumer reporting agency from any and all liability with respect to the release or dissemination of any such information.

_____ _____
Signature Date

Equal Opportunity/Affirmative Action Employer of
Minorities, Females, Protected Veterans and Individuals with Disabilities
(03/2014)