

## AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

## **Background Screening Disclosure**

I hereby authorize The Koleman Group LLC and its designated agents and representatives to conduct a comprehensive review of my background though a consumer report and or/an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but not limited to, the following areas: name and dates of previous/current employment, work experience, worker's compensation claims, criminal history records(from local, state, federal international and other law enforcement agencies' records), sexual offender's list, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, OFAC/any sanction list, FBI finger printing and drug testing. Upon request The Koleman Group LLC 4717 West Main St Ste 5 Belleville, IL 62226 will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

Authorization and Release		
I,		e of these records or data pertaining to me have. I authorize the full release of the duration of my employment at
undertakes to utilize any information re	eceived pursuant to request under	by. In that regard, The Koleman Group LLC r this authority letter, solely for this purpose hat such information may be shared with
The following information is required by when checking records. It is confidential		other entities for identification purposes ther purpose.
Applicant's Name (Print Legibly)		Maiden/AKA/Previous Name(s)
		/ /
Signature		Date
<del>-</del>		
Social Security Number		Date of Birth (MM/DD/YYYY) (will not affect hiring decision)
Email		
Driver License Number		State
Current Address		
City.	State	Zin/Postal Code

The Koleman Group LLC. Pre-Employment Screening & Background Checks

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