

## AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

## **Back ground Screening Disclosure**

I hereby authorize The Koleman Group 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 15 N 1<sup>st</sup> St Ste D Belleville, IL 62220 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, \_\_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservations, throughout any duration of my employment at

These enquiries are a component of the due diligence being conducted by. In that regard, The Koleman Group LLC undertakes to utilize any information received pursuant to request under this authority letter, solely for this purpose and undertake to keep all such information strictly confidential except that such information may be shared with

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Applicant's Name (Print Legibly)	Maiden/AKA/Previous Name(s)	
		//
Signature		Date
		///
Social Security Number		Date of Birth (MM/DD/YYYY) (will not affect hiring decision)
Driver License Number		State
Current Address		
City	State	Zip/Postal Code
The Koleman Group	LLC. Pre-Employment	t & Background Checks
15 N 1 <sup>st</sup>	St Ste D Belleville, Illi	nois 62220
T 1 ((10) 200 2000 F	((10) 010 0101	4 1 1

Tel (618) 398-3900 Fax (618) 310-3181 www.thekolemangroupscreen.com email us admin@thekolemangroupscreen.com