

INVESTIGATIONS
LOSS PREVENTION
INTEGRITY AUDITS
MYSTERY SHOPPING AUDITS
BACKGROUND CHECKS
UNDERCOVER OPERATIVES



CORPORATE HEADQUARTERS
22 HAMILTON STREET
NEW BEDFORD, MA 02740
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FAX (617) 437-0034
WWW.DATAQUESTLTD.COM

RELEASE AND AUTHORIZATION

I authorize Data Quest Reporting Service, the Employment Screening Division of Data Quest, Ltd., its subsidiaries, affiliates, employees and agents to make inquiry of and request information from, but not limited to, any Individuals, Employers, Education Institutions, Courts, Probation Departments, Law Enforcement & Governmental Agencies (federal, state and local, without exception, both foreign and domestic), Public Agencies, Credit Bureaus, and any other entities that may possess information concerning me or that may be custodians of records relating to me. I also authorize the above described sources to release all information requested, including subjective evaluations.

I understand that Data Quest intends to use the information obtained through the investigation for employment purposes only, and shall not disclose such information to any other party.

I understand that before I am denied employment based upon information in the consumer report, I will be provided with a copy of the report, as well as a description in writing of my rights under the Fair Credit Reporting Act. I also understand if I disagree with the accuracy of any information in the report, I must notify Data Quest at (800) 292-9797 x 119 within five days of my receipt of the report. If I notify the agency within five days that I am challenging information in the report, Data Quest will not make a final decision on my employment status until after I have had the opportunity to address the discrepancy.

I hereby consent to this investigation and authorize Data Quest to procure an investigative consumer report on my background and to transmit this information electronically. I understand that this release and authorization form is continuing in nature and that the above listed information can be obtained throughout my tenure with the company. A facsimile, copy, or other reproduction of this release shall be considered to have the full authority and effect as the original signed document.

Name (PLEASE PRINT): _____
FIRST MIDDLE LAST

Maiden Name or Alias (IF APPLICABLE): _____

Present Address: _____

CITY STATE ZIP _____

Previous Addresses for Past 7 Years (Attach Separate Form if Necessary):

From:

_____ to _____

From:

_____ to _____

STREET ADDRESS, CITY, STATE, ZIP

Information is requested for identifying purposes to ensure accurate record retrieval. Age is not criterion for employment.

Social Security Number: _____ - _____ - _____

DOB: _____ / _____ / _____

Driver's License #: _____

State Issued: _____

Applicant's Signature: _____

Date: _____