APPLICANT'S *Disclosure&Consent* RELEASE OF INFORMATION

APPLICANT INFORMATION (Please Print) Monti Eligibility and Denial Solutions, Inc. **Account Number: 101101078**

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: State: Zip:
Gender: * ☐ Male ☐ Female	Former Address: (1)
Social Security No:	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
Date of Birth: * Place of Birth: (City, State, Country)	City: State: Zip:

* This information will be used for purposes of background screening only and will not be used in making any employment decisions.

Applicant Instructions: *Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.*

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.
Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize InfoMart and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this company, our agent, InfoMart and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. ATTENTION RESIDENTS OF CALIFORNIA, MINNESOTA, & OKLAHOMA ONLY: ☐ By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

APPLICANT:

InfoMart

_____ _____
Applicant Signature Date

Fax to (904) 646-5835

_____
Applicant Name Typed or Printed