

Disclosure and Authorization Form

Complete and fax to (866) 727-2051

As part of the application process for (employment) (tenancy) with _____, I understand that Metro Detective Agency, LLC will seek and obtain consumer reports and other investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but is not limited to, names and dates of previous/current employment, work experience, work habits, character references, work performance information, general reputation, workers compensation claims history, criminal history records (local, state, federal, & international), sexual offender registrations, wants and warrants records, motor vehicle records, driver's license abstracts, military service records, educational verification, license verification, credit history, credit worthiness, civil case involvement, Patriot Act, FBI fingerprinting, state police fingerprinting, and drug testing. I understand that these records may be used as the basis for determining my suitability and eligibility for employment and for general verification of my qualifications for employment. I hereby authorize, without any reservation, the full release of these records and information for Metro Detective Agency, LLC and/or its agents to conduct the searches and investigations.

If I am hired, I also authorize the full release of the information described above, without any reservation, throughout any duration of my (employment) (tenancy). I also certify that all information provided below and on my application and resume is true and correct to the best of my knowledge. Any false statements provided in this form, on my application or on my resume will be considered just cause for the termination of employment at any time. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge Metro Detective Agency, LLC and all of its owners, agents, employees, contractors, and sub-contractors along with the heirs, successors and beneficiaries, from any and all expenses, losses, damages, claims, and liabilities for the investigative process. Upon Request, Metro Detective Agency, LLC will supply a copy of my reports and my rights under the Fair Credit Reporting Act. Requests may be directed to: Metro Detective Agency, LLC P.O. Box 1050 DeKalb, IL 60115 or by contacting us at (800) 511-8940.

Applicant's Name:

First

Middle

Last

Previous or Maiden Name (If applicable)

Signature: _____ **Date:** _____

Metro Detective Agency, LLC

P.O. Box 1050 DeKalb, IL 60115 Phone: (800) 511-8940 Fax: (866) 727-2051

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Additional information required to obtain related records and ensure accurate identification.

D.O.B.: _____ / _____ / _____
Month Day Year

Social Security Number: _____ - _____ - _____

Driver's License Number: _____ **State:** _____

Current Address: _____
Street Address

_____ City State Zip

Length of Residency: _____ **E-Mail address:** _____

Phone: (_____) _____

Cell Phone: (_____) _____

FCRA Summary of Rights

I have been supplied with a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act". A publication of the Federal Trade Commission designed to inform consumers of their rights pursuant to the Fair Credit Reporting Act (FCRA).

Signature: _____ **Date:** _____

Metro Detective Agency, LLC

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