

# EMPLOYMENT NOTIFICATION AND RELEASE

**PLEASE PRINT**

Name (First, Middle, Last): \_\_\_\_\_

Maiden Name (First, Middle, Last): \_\_\_\_\_ Dates Used (from-to): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License #/State: \_\_\_\_\_

Position: \_\_\_\_\_ Home Telephone #:( ) \_\_\_\_\_ Work Telephone #:( ) \_\_\_\_\_

(Optional): Race: \_\_\_\_\_ Sex:  Male  Female

Date of Birth (Month-Day-Year): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Does your salary exceed 75,000?  No  Yes

## Current address

## Month/Year

• Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State (County): \_\_\_\_\_ To: \_\_\_\_\_

## Chronologically list all places of residence for the past seven years

## Month/Year

• Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State (County): \_\_\_\_\_ To: \_\_\_\_\_

• Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State (County): \_\_\_\_\_ To: \_\_\_\_\_

• Street: \_\_\_\_\_ From: \_\_\_\_\_

City, State (County): \_\_\_\_\_ To: \_\_\_\_\_

The purpose of this release is to allow Wings Center (referred to as "Company"), Professional Screening & Information, Inc., or their assigns, to obtain pre-employment information which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws.

I am aware I have the right to make a written request of Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162, or call them collect at 706.235.7574, to obtain a free copy of my background investigation, within a reasonable period of time, if an employment decision has been influenced by information contained in a background investigation report. In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act. California, Oklahoma, and Minnesota residents are entitled to a free copy of their consumer report upon request.

If the Company considers the background check unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, its officers, agents, employees, and assigns from all liability resulting from the collection, use, storage, or discharge of information obtained for pre and post-employment, promotion, reassignment, and/or retention as an employee.

I certify that the information contained within the employment application and notification and release are complete and true. I have read this release and consent, understand its terms, realize its significance, and sign it voluntarily.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **COMPANY USE ONLY**

Client: Wings Center

Level 1

Level 2

\*Motor Vehicle Report (must send copy of driver's license)

\*\*\*Please fax or email completed form to 706.235.6452 or staff@psibackgroundcheck.com\*\*\*