

## Applicant Release for Background Investigation

I hereby authorize the **Greater Cleveland Partnership**, (hereafter referred to as "Company") or its agent, Corporate Screening, to investigate my background in order to process my application for employment.

I understand the consumer reporting agency will conduct an investigation to obtain information as deemed necessary to fulfill the requirements of the job. The information obtained may include investigation into the last seven (7) years of my credit background and beyond seven (7) years regarding my past employment, work habits, salary history, education, criminal background, motor vehicle history, workers' compensation history, civil records, use of illegal substances and alcohol abuse, personal characteristics, mode of living, and general reputation.

I understand direct or indirect contact from former employers, schools, financial institutions, landlords, public agencies, and through personal interviews with my associates, friends, acquaintances, neighbors, or other persons who may have such knowledge may be made to obtain such information.

I forever release and discharge the Company, Corporate Screening, their respective employees and agents, my past employers, schools, persons named in my employment application or resume from any claims, damages, losses, liabilities, and expenses arising out of gathering and reporting information.

I also understand that before being denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand I may request an outline of the nature and scope of the investigation if such request is made in writing within a reasonable period after the completion of the investigation. The address of Corporate Screening is 16530 Commerce Court, Cleveland, Ohio, 44130-6305, their telephone number is (800) 229-8606 and their website is [www.corporatescreening.com](http://www.corporatescreening.com).

PLEASE FILL IN EACH BLANK SPACE			
NAME:		PHONE:	
FORMER NAME:		SOCIAL SECURITY #:	
CURRENT ADDRESS:		PREVIOUS ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
COUNTY:		COUNTY:	
LENGTH OF RESIDENCE:	Years	Months	
LENGTH OF RESIDENCE:	Years	Months	
DRIVER'S LICENSE #:		STATE OF ISSUANCE:	
DATE OF BIRTH:		HAVE YOU EVER BEEN CONVICTED OF A CRIME?	
MAY WE CONTACT YOUR CURRENT EMPLOYER?		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, APPROXIMATE DATE:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		CITY:	STATE:

In addition to authorizing the background investigation, I certify that the information I have provided is true and complete, and I understand that if I am employed, false or incomplete statements of material fact on this authorization shall be sufficient cause for dismissal.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**The Greater Cleveland Partnership** provides equal employment opportunities to all employees and applicants without regard to race, color, religion, national origin, veteran status, marital status, sex, sexual orientation, age, disability, or military status.