

AMS ties

**Applicant's Authorization to Conduct Background Check
Disclosure and Release** today's date ___/___/___

In consideration of my application for leasing, employment, credit or other legitimate business transaction, I hereby give authorization to conduct any inquiries deemed necessary to verify the accuracy of the information submitted in my application. This authorization allows verification of the information through both public and private sources.

Names and dates of previous employers, reason for termination, work experience, accidents, and any other related information may be verified. I further understand and agree that requests for transcripts from educational institutions may be requested, and verification of licenses or certifications may be ordered and examined. I understand that if I am denied *employment* as a result of these inquiries, I am entitled to be furnished with and examine any such record immediately. If I am denied any other benefit as a result of this inquiry I will be given a "LETTER OF ADVERSE ACTION" which will allow me to gain free access to those records directly from the file keeper of the information.

I understand that sources may report public information concerning my driving record, work compensation claims, credit history, bankruptcy proceedings, criminal records, or other files from federal or state agencies that maintain such records, as well as from private agency data-bases that collect those records. I have read the information on this page and I understand my rights under the Fair Credit Reporting Act and my right to privacy. Furthermore, I allow this verification freely and voluntarily.

**I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY AMSties INC.
TO FURNISH THE ABOVE-DESCRIBED INFORMATION; A COPY OF THIS AUTHORIZATION MAY
BE ACCEPTED AS AN ORIGINAL.**

APPLICANT: TYPE OR PRINT CLEARLY:

LAST NAME _____ FIRST _____ M.I. _____

SS # _____ DRIVERS LICENSE # _____ D.O.B. ___/___/___

*ADDRESS _____
_____ STREET _____ TOWN _____ STATE _____ ZIP _____

***If less than two years included former address**

*ADDRESS _____
_____ STREET _____ TOWN _____ STATE _____ ZIP _____

CO-APPLICANT: TYPE OR PRINT CLEARLY

LAST NAME _____ FIRST _____ M.I. _____

SS # _____ DRIVERS LICENSE # _____ D.O.B. ___/___/___

*ADDRESS _____
_____ STREET _____ TOWN _____ STATE _____ ZIP _____

***If less than two years included former address**

*ADDRESS _____
_____ STREET _____ TOWN _____ STATE _____ ZIP _____

Applicant Signature X _____ Co-Applicant Signature X _____