

AUTHORITY TO RELEASE INFORMATION & CLIENT CERTIFICATION

I. RELEASE OF INFORMATION (BY APPLICANT)

To Whom It May Concern:

I understand that Catalyst Data Services, LLC will conduct a thorough background investigation before a final decision is rendered regarding my eligibility for employment; and that this investigation may include inquiries as to my abilities, character, and reputation.

To facilitate this investigation, I do hereby give my consent for any educational institution, past employer, police agency (for criminal records), government entity, motor vehicle department, reference, worker compensation board or credit reporting agency to furnish information and release worker's compensation records (if applicable) to Catalyst Data Services, LLC.

I understand that I have a right to a copy of the information provided by any credit reporting agency contacted as a result of this investigation, and that Catalyst Data Services, LLC will advise me as to their identity, and the nature and scope of information they furnished.

Applicant Signature

Full Legal Name: _____
FIRST MIDDLE LAST

Social Security Number: _____ - _____ - _____

Date of Birth: _____ / _____ / _____

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

Current Address: _____
CITY _____ **STATE** _____ **ZIP** _____

Previous address(es) in last seven years:

CITY _____ **STATE** _____ **ZIP** _____

CITY _____ **STATE** _____ **ZIP** _____

CITY _____ **STATE** _____ **ZIP** _____