



The clear choice in employment screening.

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Client: Mid Pen. Housing Location: Foster City, CA Phone: (650) 356-2960 Requested By: _____

SERVICES REQUESTED (Check all that apply)

- COUNTY CRIMINAL RECORDS EMPLOYMENT CREDIT REPORT SOCIAL SECURITY TRACE
MOTOR VEHICLE RECORD

DISCLOSURE AND RELEASE

In connection with my application for employment/promotion/ (including contract for services) with you, I understand that consumer reports, which may contain public information, may be requested from Occuscreen, LLC. I authorize, without reservation, any party or agency contacted by Occuscreen, LLC or one of its agents to furnish above-referenced information. I have the right to make a request of Occuscreen, LLC, upon proper identification, of the nature and substance of all information in its files on myself at the time of my request, including the sources of information; and the recipients of any reports on myself, which Occuscreen, LLC has previously furnished within the two year period preceding my request.

I request a copy of the consumer report.

SIGNATURE DATE

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years. PRINT CLEARLY AND IN INK.

FIRST MIDDLE (Required) LAST

SOCIAL SECURITY NUMBER BIRTH DATE

CURRENT ADDRESS STREET ADDRESS APT # CITY STATE ZIP

DRIVERS LICENSE STATE

OTHER NAMES USED (previous 7 years only) FROM TO FROM TO

PLEASE PROVIDE CITY AND COUNTY INFORMATION FOR YOUR RESIDENCE COVERING A PERIOD OF SEVEN (7) YEARS BEGINNING WITH YOUR MOST CURRENT ADDRESS

CITY COUNTY STATE ZIP FROM TO FROM TO FROM TO FROM TO