AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF AN INVESTIGATIVE CONSUMER REPORT

I, the undersigned, do hereby authorize Woodlawn Volunteer Fire Company, Inc., by and through its independent contractor, Kroll Background America, Inc., to procure an investigative report on me that includes social security verification and criminal history records.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which I am the subject upon my written request to Kroll Background America, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. Section 1681 et. seq.

I further authorize any person, business entity or government agency who may have information relevant to the above to disclose the same to Woodlawn Volunteer Fire Company, Inc., by and through Kroll Background America, including but not limited to, any and all courts, public agencies, and law enforcement agencies regardless of whether such person, business entity or governmental agency complied information itself or received it from other agencies.

I hereby release Woodlawn Volunteer Fire Company, Inc., by and through Kroll Background America and any and all persons, business entities and governments agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs or others making such claim or demand on my behalf, for providing an investigative report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my association with Woodlawn Volunteer Fire Company, Inc.

PLEASE PRINT CLEARLY AND COMPLETE ALL REQUIRED INFORMATION

_____ _____ _____
FULL FIRST NAME FULL MIDDLE NAME FULL LAST NAME

_____ _____ _____-_____-_____
OTHER NAMES / DATES DRIVERS LICENSE # STATE SOCIAL SECURITY #

_____--_____--_19_____ (_____)_____--_____ (_____)_____--_____
DATE OF BIRTH (MM-DD-YY) DAYTIME TELEPHONE NIGHT-TIME TELEPHONE

_____ _____ _____ _____
CURRENT STREET ADDRESS CITY STATE ZIP

LIST ALL PREVIOUS ADDRESSES (County & State) FROM AGE 18 TO PRESENT

1. _____ _____ _____ 2. _____ _____ _____
COUNTY STATE DATES COUNTY STATE DATES

3. _____ _____ _____ 4. _____ _____ _____
COUNTY STATE DATES COUNTY STATE DATES

Have you ever been convicted of a crime or convicted in a military court martial? ☐ YES ☐ NO

Are you currently under any investigation or have a pending charge? ☐ YES ☐ NO

I certify that the information contained on this Authorization/Release form is true and correct, and acknowledge that I may be precluded from employment due to false, omitted or fraudulent information. Further, my application or employment will be terminated based on any false, omitted or fraudulent information.

_____ _____
Applicants Signature DATE