

INDIVIDUAL SERVICES

- SSN W/ ADDRESS HISTORY
- COUNTY CRIMINAL # _____
- STATE CRIMINAL # _____
- FEDERAL DISTRICT CRIMINAL
- VERIF. OF EMPLOYMENT # _____
- VERIF. OF EDUCATION # _____
- STATEWIDE DRIVING RECORD
- CREDIT HISTORY
- PROFESSIONAL LICENSE VERIFICATION

**U.S. SECURITY CARE, INC.****PACKAGED SERVICES**

- INITIAL CHECK REF # _____
- SIMPLE CHECK
- BASIC CHECK
- EASY CHECK
- ADVANCED CHECK
- EXTENDED CHECK
- SILVER CHECK
- CUSTOM PACKAGE: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

Notice: As a part of the job application process, the Company named below requires a consumer report and may rely on the report in making its employment decision. Your authorization to obtain a consumer report is required by Federal law (Fair Credit Reporting Act, Public Law 91-508 & Drivers Protection Act). By signing this form you grant such authorization to U.S. Security Care, Inc. The term "consumer report" means any written, oral, or other communication of any information by a consumer reporting agency or government agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, commercial and personal driving history, employment history, criminal or civil history, or mode of living which is expected to be used or collected in whole or in part for the consumer's eligibility for employment purposes.

I hereby authorize any investigator, agent or duly designated representative of U.S. Security Care, Inc. conducting my background investigation in connection with my application for employment and/or my continued employment with the Company named below, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, departments of motor vehicles, government agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information, and make the results known to all those involved directly or indirectly with my employment. Furthermore, I hereby authorize U.S. Security Care, Inc. to obtain a consumer report on my behalf. I am aware that my consumer report will be used for employment purposes and agree to such use. I understand that the information contained in the report will not be used in violation of any applicable federal or state law or regulation. I also understand that I will be notified by the Company named below if information contained in my consumer report results in a negative employment decision, including, without limitation, a decision to terminate my employment as a result of information contained in my consumer report, and in that case will be given a copy of the consumer report and, upon my request, information regarding the nature and scope of the investigation. I certify that I have received a summary of my consumer rights as required by the Fair Credit Reporting Act.

I authorize custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, agent or duly authorized representative of U.S. Security Care, Inc. regardless of any previous agreement to the contrary. Copies of this authorization that show my signature are valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon termination of my affiliation with Company named below, whichever is sooner.

I hereby release U.S. Security Care, Inc. and its employees from any responsibility or claim arising from the background search results regardless of the effect on my eligibility for any job or position.

APPLICANT INFORMATION (PRINT CLEARLY & COMPLETE THOROUGHLY):

Full Name: First Middle Last (PRINT CLEARLY)			Social Security Number ____-____-____		
Maiden Name(s) or Aliases			Driver's License Number		State Issued
Current Home Telephone #		Date of Birth (Mo / Day / Yr)		Place of Birth (City, State, Country)	
Full Current Address (Number & Street, City, State & Zip Code – NO P.O. BOXES)					(Length of Residency)
Full Previous Address (Number & Street, City, State & Zip Code – NO P.O. BOXES)					(Length of Residency)
Highest Level of Education (Institution Name, City, State, Dates Attended, Type of Degree Obtained)					
Current or Most Recent Employer (Company Name, City, State, Dates of Employment, Last Position Held)					
Previous Employer (Company Name, City, State, Dates of Employment, Last Position Held)					
May we contact your current employer?			(circle one) YES NO		
Signature X			Date Signed		

COMPANY / EMPLOYER INFORMATION:

 Name of Company Requesting Search

 Name & Signature of Authorized Requestor

U.S. SECURITY CARE

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