



# Applicant Profile, Release and Disclosure

TruDiligence Office: (303) 692-8445 Fax: (303) 692-8511  
Website: www.trudiligence.com

**APPLICANT** Complete the following information as accurately as possible. (Please Print Clearly.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN\*: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

Birth date\*: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional License Type: \_\_\_\_\_ State: \_\_\_\_\_ Lic #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other/Previous names: \_\_\_\_\_ Date Changed: \_\_\_\_\_

(Attach additional sheet, if necessary.) \_\_\_\_\_ Date Changed: \_\_\_\_\_

Addresses: (List past seven years beginning with your current address. Include **street, city, state, zip code, county and dates of residence**. Attach additional sheet, if necessary.)

1. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

2. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

3. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

4. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

Current Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment Dates - From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Previous Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment Dates - From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Education / Institution Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name used while attending: \_\_\_\_\_ Student ID # (if known): \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date Degree Obtained: \_\_\_\_\_

Type of Degree Obtained: \_\_\_\_\_ Major: \_\_\_\_\_

[\\*This information \(Birth date and SSN\) will be used for background screening purposes only and will not be taken into consideration in making any employment decisions.](#)

# DISCLOSURE, ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING]

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security trace, motor vehicle or "driving records, verification of your education or employment history, workers compensation claims, drug tests or other background checks. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment as allowed by law. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history. These reports will be conducted by TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474 (a Consumer Reporting Agency) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

## ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, workers compensation bureau or insurance company to furnish any and all background information requested by TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474, or another outside organization acting on behalf of Employer, and/or Employer itself. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to defend and hold harmless TruDiligence and any agent acting on its behalf, from any and all liability arising through the investigation of my background. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a free copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_