

Inquiry Release

In connection with, and duration of my employment (including contract for service) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or in part, be obtained from Advanced Testing Solutions, LLC, P.O. Box 110268, Naples, FL . These reports will include information as to my general reputation, character, mode of living, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, education and other experiences.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information:

_____	____/____/____	____-____-____
Applicant Name	Date of Birth*	Social Security Number
_____ Alias/Maiden Name(s)		
_____	_____	_____
Current Address	City & State	Zip Code
_____	_____	_____
Drivers License #	State	Prospective Employer
_____ Applicant's Signature		_____ Date

***Date of Birth is being requested in order to obtain accurate retrieval of records.**

_____ **California, Minnesota & Oklahoma Applicants only:** Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy direct from ATS. California applicants may receive a copy from either the prospective employer or ATS.

Notice to California Applicants

Under Section 1786.22 of the California Civil Code, you have the right to request from ATS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which ATS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by ATS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.