

Disclosure and Release Authorization

(TO BE COMPLETED BY APPLICANT, PLEASE PRINT CLEARLY)

Name: _____
Last First Middle

Other Names by Which You Have Been Known: _____ (yrs) From _____ To _____
_____ (yrs) From _____ To _____

Social Security Number: _____ Date of Birth (mo/day/yr): _____/_____/_____
(For ID purposes only)

Driver's License Number: _____ State Issued: _____ Exp. Date: _____

Current Address: _____
Street City State Zip Code

List Previous Cities and States (with zip code) in Which You Have Lived for the Past 7 Years:

_____	_____	_____	_____	_____	_____
City	State	Zip Code	City	State	Zip Code
_____	_____	_____	_____	_____	_____
City	State	Zip Code	City	State	Zip Code

In connection with my application for employment (including contract for services) with Arizona State Trailer Sales, Inc. (the Company) and as a consideration of continuing employment, I understand that the Company may request a consumer report or an investigative consumer report from a consumer reporting agency. I understand that if a report is requested, the source of the report will be Clarifacts Inc. 130 North Central Avenue, Suite 309, Phoenix, AZ 85004. Phone 1-800-318-0553 / 602-258-8858 I further understand that such report(s) will only be used for employment related purposes and may include, but not limited to, a criminal record history, consumer credit history, education verification, military records, driving record history, employment history and other such reports that may exhibit information concerning my character, general reputation, personal characteristics, mode of living, job performance, education and experience.

I hereby authorize, without reservation, any present or previous employers, educational institutions, Department of Motor Vehicles, credit reporting agencies, companies, law enforcement agencies, government agencies, or other persons contacted by the Company or its employment screening vendor, Clarifacts Inc., to supply any and all information concerning my background. I understand that my authorization will apply throughout my employment (or contract).

I certify that all statements and answers on my application and/or resume are true and complete to the best of my knowledge. I understand that if subsequent to employment (or contract) any such statements and/or answers are found to be false or that information has been omitted, such false statements or omissions will be just cause for termination of my employment (or contract). Further, I understand that by requesting this information, no promise of employment (or contract) is being made. This disclosure and release authorization shall be valid in original, fax or copy form.

I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" pursuant to 15 U.S.C. section 1681(g)(c).

Applicant Signature: _____ Date: _____

CALIFORNIA, MINNESOTA AND OKLAHOMA APPLICANTS ONLY: PLEASE CHECK HERE TO HAVE A COPY OF YOUR CONSUMER REPORT SENT TO YOU AT THE ADDRESS LISTED ABOVE.