



## Disclosure and Release Form

As part of the application process for employment at ("company name"), I understand that they and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I understand that these records may be used for the eligibility of my employment. I authorize without reservation the full release of these records and for Vantage Point Services and/or its agents contacted by Vantage Point Services to obtain this information.

In addition, I release and discharge Vantage Point Services, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at ("company name"). This may include on-going, post-hire review of public records for any possible criminal offense charges. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment. Upon Request, Vantage Point Services will supply a copy of my report and my rights under the Fair Credit Reporting Act. Requests may be directed to: Vantage Point Services PO Box 1589 Fuquay Varina, NC 27526 or by contacting them at 1-800-792-4339.

< Please Print >

**Applicant's Name:** \_\_\_\_\_  
First M.I. Last

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_mm/\_\_\_\_dd/\_\_\_\_yy

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**Date of Birth:** \_\_\_\_mm/\_\_\_\_dd/\_\_\_\_yy (this is used for only criminal and driving records retrieval.)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZiP

**Length of Residency:** \_\_\_\_yr

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**Vantage Point Services**  
PO Box 1589 Fuquay Varina, NC 27526  
Tel: 1-800-792-4339