



## CONFIDENTIAL FAX

TO: INFO CUBIC, LLC	FROM:
FAX: 1-877-578-9558 or email to fax@infocubic.com	PAGES (Including this one):
PHONE NUMBER:	DATE:
RE: <b>MHS Vendor Screening</b>	CC:

Please fill out the information below so that we may attach this release to the correct order:

Your Company Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

*The information in this fax may be confidential and/or privileged. This fax is intended to be reviewed by only the individual or organization named above. If you are not the intended recipient or an authorized representative of the intended recipient, you are hereby notified that any review, dissemination or copying of this email and its attachments, if any, or the information contained herein is prohibited. If you have received this fax in error, please immediately notify the sender by return fax or by calling 303-220-0170.*



## AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT SCREENING

### Background Screening Disclosure

I hereby authorize Info Cubic, LLC and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: names and dates of previous/current employment, work experience, Bureau of Workers Compensation/Claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offenders lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, civil cases, OIG/GSA, USA PATRIOT Act/OFAC, any sanction lists, FBI finger printing and drug testing. Upon Request, Info Cubic, LLC will supply a copy of the completed consumer report along with a copy of an individual's rights under the Fair Credit Reporting Act.

### Authorization and Release

I, \_\_\_\_\_, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at **MHS**. I hereby release Info Cubic, LLC, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release form. I certify that all information provided below and on my résumé and/or job application is correct to the best of my knowledge. Any false statements provided on this form and/or my résumé or job application will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

\_\_\_\_\_  
Applicant's Name (First, Middle, Last - Print Legibly)

\_\_\_\_\_  
Maiden/AKA/Previous Name(s)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)  
Date of Birth (This will not affect hiring decision)

\_\_\_\_\_  
Driver License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Current Address

(\_\_\_\_\_)\_\_\_\_\_  
Phone

\*\*\*California, Minnesota and Oklahoma Applicants: please mark this box to have a copy of your report emailed directly to you\*\*\*

**Notice to California Applicants:** Under section 1786.22 of California Civil Code, you have the right to request from Info cubic, upon proper identification, the nature and substance of all information in ties files pertaining to you, including the sources of information, and recipients of any reports on you, which Info Cubic has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Info Cubic during normal business hours. You may also obtain a copy of this file upon submitting proper identification. Upon making a written request, you may receive a summary of your report.

**Notice to Maine Applicants:** Under Chapter 210 Section 1314 of Maine revised Statutes, you have the right, upon request, to be informed within 5 business days of such a request to whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

**Notice to New York Applicants:** Under Article 25 Section 380-c (b) (2) of the New York General business Law, you have the right, upon written request, to be informed of whether or not an investigate consumer report was requested. Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

Please initial here to acknowledge receipt of Article 23-A of New York Correction Law \_\_\_\_\_

\_\_\_\_\_  
Signature (Electronic signatures are NOT acceptable!  
This document must be physically signed by applicant)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



## Billing Information

Please provide your credit card information for us to charge the \$59.75 for the MHS background check package. If you would prefer to call us with your credit card info please do so at 877-360-4636. Be sure to mention you are ordering a background check on behalf of MHS when calling with your credit card info.

Credit Card Information: (check or circle your choice)

Visa

Master Card

American Express

Discover

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_ CVV code: \_\_\_\_\_

Card Billing Address:

\_\_\_\_\_ Street

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

Name of Company: \_\_\_\_\_

Tax ID# (TIN or SSN): \_\_\_\_\_

The card number and your company information will be verified within four business hours. In order to verify your credit card and company information, credit information will be accessed and verified.

Fraudulent card information will be reported to law enforcement agencies as well as credit reporting bureaus immediately.

I hereby agree to the Client Service Agreement which I have electronically signed and submitted as well as the above terms and conditions. I also authorize Info Cubic to charge the payment according to the choice I made from options above.

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

Rev. 12/07/2011