



The clear choice in employment screening.

Phone 800-701-4014
Fax 800-765-0652
www.TFIresources.com
info@tfiresources.com

Client: TFI Resources

Phone: 713-975-7576

RECRUITING AGENCY: _____

EMPLOYEE RELEASE AND DISCLOSURE

In connection with my application for employment/promotion (including contract for services) with TFI Resources, I understand that consumer reports, which may contain public information, may be requested from Occuscreen, LLC. ***I authorize, without reservation, any party or agency contacted by Occuscreen, LLC or one of its agents to furnish above-referenced information.*** I have the right to make a request of Occuscreen, LLC, upon proper identification, of the nature and substance of all information in its files on myself at the time of my request, including the sources of information, and the recipients of any reports on myself, which Occuscreen, LLC has previously furnished within the two year period preceding my request.

I request a copy of the consumer report.

SIGNATURE

DATE

(If under 18) GUARDIAN SIGNATURE

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last **seven (7) years**. **PRINT CLEARLY IN BLUE OR BLACK INK.**

FIRST MIDDLE

(Required)

LAST

SOCIAL SECURITY NUMBER -- BIRTH DATE --

CURRENT ADDRESS _____
STREET ADDRESS APT #

CITY

STATE

ZIP

DRIVERS LICENSE NUMBER _____ STATE ISSUED _____

OTHER NAMES USED _____ FROM _____ TO _____
(Previous 7 years only) _____ FROM _____ TO _____

PLEASE PROVIDE CITY AND COUNTY INFORMATION FOR YOUR RESIDENCE COVERING A PERIOD OF SEVEN (7) YEARS BEGINNING WITH YOUR MOST CURRENT ADDRESS

<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>ZIP</u>	FROM _____	TO _____
_____	_____	_____	_____	FROM _____	TO _____
_____	_____	_____	_____	FROM _____	TO _____
_____	_____	_____	_____	FROM _____	TO _____
_____	_____	_____	_____	FROM _____	TO _____

FAX THIS DOCUMENT TO TFI RESOURCES – 713-783-1566