

## Authorization / Release Form

I hereby authorize **Washington Floral Service, Inc.** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. If a consumer report is obtained with your consent, the report will be obtained the following consumer reporting agency.

SOUND SCREENING SERVICES, INC. P.O. BOX 111088, TACOMA, WA 98411-1088  
(253) 472-7336

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Washington Floral Service, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

***Employer reserves the right to refuse to consider any application unless all questions are answered completely and honestly.***

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip / State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip / State)

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Drivers Lic. #/State: \_\_\_\_\_

Convictions: Any illegal drug activity? \_\_\_yes \_\_\_no Any felonies? \_\_\_yes \_\_\_no  
Please explain any convictions / incidents \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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