

# Employment Screening, Inc.

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Charlotte, NC 28273  
(704) 544-7456 Fax (704) 541-9406  
[www.employmentscreeninginc.com](http://www.employmentscreeninginc.com)



## PERSONAL INFORMATION RELEASE FORM

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Last Name	First Name	Middle Name
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Maiden Name / Other Names / Aliases

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Date of Birth	Social Security Number	Driver's License Number
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Current Street Address

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City	State	Zip Code
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**Please list any additional addresses residences in the last 7 years (most current first).**

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Street Address

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City	State	Zip Code
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Street Address

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City	State	Zip Code
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I, \_\_\_\_\_, hereby authorize Employment Screening, Inc., and all their associated agencies, partners, or other entities (hereafter referred to as ESI) to secure any and all personal information from any source of record that they deem necessary in order to perform a background check on me. I further authorize ESI to release said information to any person and/or company with which this form has been filed, including their agents, and release all of the aforementioned companies, agents, and entities from any and all legal liability for collecting, furnishing or otherwise reporting the personal background information of the applicant/employee/candidate above.

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Applicant / Employee / Candidate Signature

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Date