



NATIONAL CREDIT AND SCREENING CO., LLC

DISCLOSURE - CONSUMER REPORT: PRE-EMPLOYMENT

To Be Completed By Applicant and Returned To
AOA Cleaning and Restoration, LLC

EMPLOYER NAME: AOA Cleaning and Restoration, LLC

DISCLOSURE FOR BACKGROUND INVESTIGATION

AOA Cleaning and Restoration, LLC may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **National Credit and Screening Co., LLC, PO Box 1118, Bethpage, NY 11714; (516) 605-0671; www.nationalcreditandscreening.com**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____

Date: ____/____/____

11/2015



NATIONAL CREDIT AND SCREENING CO., LLC

INFORMATION - CONSUMER REPORT: PRE-EMPLOYMENT

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AOA Cleaning and Restoration, LLC

Please Print Clearly

INFORMATION FOR BACKGROUND INVESTIGATION

Applicant Name: _____
First Middle Last Jr./Sr./III/etc.

Applicant Maiden Name: _____
First Middle Last Jr./Sr./III/etc.

Cell Number: _____ Home Telephone Number: _____

Social Security Number*: _____ - _____ - _____ Date of Birth*: ____/____/____

PLEASE PROVIDE ANY OTHER NAMES OR SOCIAL SECURITY NUMBERS USED IN THE PAST ON A SEPARATE SHEET OF PAPER

if searching...Driver's License Number: _____ Issuing State: _____

if applies...Professional License Type: _____ Number: _____ Issuing State: _____

Current Address: _____
Street Address Apt. Length of Residency: _____ yrs
City State Zip

Current Address: _____
Street Address Apt. Length of Residency: _____ yrs
City State Zip

Current Address: _____
Street Address Apt. Length of Residency: _____ yrs
City State Zip

IF YOU'VE RESIDED AT THE ABOVE ADDRESSES LESS THAN 7 YEARS, LIST ALL PLACES OF RESIDENCE FOR AT LEAST THE PAST 7 YEARS, USING IF NEEDED A SEPARATE SHEET OF PAPER.

Signature: _____ Date: ____/____/____

11/2015

*This information will be used for background screening purposes only and will not be used as hiring criteria.