DISCLOSURE AND RELEASE

(Employment)

I hereby authorize VTS INVESTIGATIONS or any of its representatives to seek information for consideration of my employment, contract for services and/or any other reason permitted within the provision of the Fair Credit Report Act. I authorize any Company, School, Governmental Agency, Law Enforcement Agency, Credit Reporting Agency or any person to whom such an inquiry may be made to provide answers, records or credit reports.

This authorization includes the release of any and all information kept by any pertinent party currently in their possession or under their control which pertains to the purpose of this inquiry or any other permissible reason including, but not limited to, employment records, address information, work experience, motor vehicle records, driving records, professional licensing, civil and criminal litigation, educational/degree records and business interests. I understand that this report may include information as to my character, general reputation, personal characteristics and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with the authorization, as well as from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information. I understand that such information is sought with confidentiality and will not be released to anyone not permitted under the provisions of the Fair Credit Reporting Act.

I understand and acknowledge that under the provisions of the Fair Credit Reporting Act, if my employment is denied, based either wholly or partly on information contained in this report I may request a copy of this report, after I provide proper identification.

If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period. A copy or facsimile of this authorization has the same effect as an original.

_____ _____

PRINT FULL NAME (include middle initial) **SOCIAL SECURITY NO.**

_____ _____

ADDRESS **CITY, STATE, ZIP CODE**

MALE **FEMALE** (Circle One) **DATE OF BIRTH** _____

DRIVERS LICENSE NUMBER _____ **STATE** _____

BLACK WHITE ASIAN INDIAN (Circle One**)** Race needed for criminal searches. Please note that WHITE includes Mexican and Latins. INDIAN includes Alaskan Native.

_____ _____

SIGNATURE **DATE**