

VIEWPOINT SCREENING RELEASE FORM

Account ID: UWYO13

AUTHORIZATION AND RELEASE

I, _____, give permission for my former/current employer(s) to provide information regarding my employment, without liability to Viewpoint Screening.

Name (First, Middle, Last) _____

Date of Birth (mo/day/yr) _____

Maiden Name or "AKA" (First, Middle, Last) _____

Dates Used (yr) from _____ to _____

Social Security Number: _____

PLEASE LIST ALL EMPLOYERS OF THE PAST 7 YEARS
(use additional pages if necessary)

check this box if you do not have an employer to be verified

Company Name: _____ City: _____ State: _____

Position: _____ Employment Dates: _____ to _____

Salary: _____ per month per year Reason for Leaving: _____

Contact/Supervisor: _____ Title: _____

Phone Number: _____

Company Name: _____ City: _____ State: _____

Position: _____ Employment Dates: _____ to _____

Salary: _____ per month per year Reason for Leaving: _____

Contact/Supervisor: _____ Title: _____

Phone Number: _____

Signature: _____

Date: _____

Please fax completed form to Viewpoint Screening at 888-516-2444