NOTIFICATION AND RELEASE

Sales Representative Mark Gorges

Company Name University of Arkansas at Pine Bluff - Human Resources

Access ID _____ BeeCheck ID 0000133519098600 CAC Code UD69

The information contained in my application for employment with (company name) University of Arkansas at Pine Bluff - Human Resources (hereinafter, "The Company") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain employment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect at (910) 815-3880 or toll free at (888) 520-0520. The Company will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

PLEASE PRINT

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) ____/____/____

Maiden Name or "AKA" (First, Middle, Last) _____ Dates Used (yr) from _____ to _____

Social Security # _____-_____-_____ Driver's License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use extra page if necessary)

Street _____ From _____

City, State, Zip, County _____ To _____

Street _____ From _____

City, State, Zip, County _____ To _____

Street _____ From _____

City, State, Zip, County _____ To _____

Applicant Signature _____ Date _____

signature required

For Employer Use Only: Please mark (✓) the searches to be conducted.

Contact Gladys Benford Email benfordg@uapb.edu

Phone 870-575-8405 Fax _____

☐ Standard Package	☐	☐	Notes
County-Criminal			
NW-Database & Sex Offender			
NW-Federal Criminal			
Social Security Alert			
Residency History			

Fax to (910) 815-3881 or call (910) 815-3880