

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for performing work on Washington Suburban Sanitary Commission (WSSC) sites. This report is being provided by Inquiries, Inc.- Post Office Box 67 Easton, MD 21601 – Phone 410-819-3711. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, workers compensation agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, workers compensation claims, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for one year from the date of approval. I understand I have the right to obtain a free copy of this Consumer Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

Applicant's Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please write clearly and fully complete form –E mail to [Operations@Inquiriesinc.com](mailto:Operations@Inquiriesinc.com) or fax to (410)819-3670.

Applicant Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ (List additional states where you have been a licensed driver): \_\_\_\_\_

**LIST CURRENT RESIDENTIAL ADDRESS**

Street or PO# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(List additional states where you have lived in the past seven years): \_\_\_\_\_

**3 YEARS OF EMPLOYMENT HISTORY**

(If no employment history, check here \_\_\_\_\_)

PROSPECTIVE/CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ POSITION HELD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATES OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

CURRENT/PAST EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_

SUPERVISOR NAME: \_\_\_\_\_ POSITION HELD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATES OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

(Please attach a separate sheet if additional space is required to complete the 3-year employment history)

Are you the Prime Contractor for the WSSC Contract/Project you are submitting this application? Yes \_\_\_\_\_

No \_\_\_\_\_. If no, please list the Prime Contractor: \_\_\_\_\_

**CONTRACT/PROJECT INFORMATION**

WSSC Project/Contract #: \_\_\_\_\_ WSSC Project Manager: \_\_\_\_\_

If additional information is required, please list a point of contact and telephone number: \_\_\_\_\_

By submitting this application you acknowledge you are authorized to submit a background investigation request to work on an authorized WSSC Project/Contract for the above-referenced Prime Contractor.