



Phone (973) 921-9777 Fax (973) 921-9705

**REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION**

PLEASE TYPE OR PRINT

I: \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

hereby acknowledge and understand that I have been notified that in connection with my application for employment with the **NAUTICUS GROUP** (hereinafter referred to as the "**COMPANY**") and/or the **COMPANY CLIENT** to which I have been assigned or am being considered for assignment (hereinafter referred to as the "**CLIENT**") may require a drug test and procure a consumer report, including an investigative report, from a consumer reporting agency. I hereby authorize the procurement of any such consumer report, including any investigative consumer report, and the review and other lawful use of the information contained therein by both the **COMPANY** and the **CLIENT**. I understand that any such report may contain certain information about my background, character, general reputation, personal characteristics, job performance, professional standing, work history, education history, mode of living, abilities, qualifications, credit worthiness, credit standing and/or credit capacity. I hereby further authorize all persons, employers, companies, schools, credit bureaus, and law enforcement and government agencies/departments/offices to release such information without restriction or qualification to the consumer reporting agency and any of its respective officers, agents, representatives or employees.

I understand that I have the right to know if an adverse action is being considered against me as a result of information contained in any such report, that I have the right to a copy of any such report prior to any action being taken against me, and that I have a right to dispute the accuracy any information contained in any such report by contacting the consumer reporting agency. I understand that may have additional rights under State law which I may determine by contacting my State or local consumer protection agency.

I understand that any offer of employment from the **COMPANY** and/or the **CLIENT** will be contingent upon numerous factors, including this background check.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position Applied For

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

\_\_\_\_\_  
Driver's License Number State

Other names you have used or are also known as: \_\_\_\_\_

**PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS**

Current Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

Former Address: \_\_\_\_\_  
Street Apt.# City State Zip Code How long here?

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Would you like a copy of this report? \_\_\_\_\_ Yes \_\_\_\_\_ No