Moco

Employment Screening – Disclosure & Authorization - Louisianna

Last Name	First Name	Middle Initial	Suffix

Social Security Number	Date of Birth	Drivers License Number/State

Current Address

Previous Address

Additional Previous Addresses

Criminal Records

Within the last 7 years have you entered into a plea of guilty or no contest, or otherwise been convicted of a misdemeanor or felony offense against criminal law; or have you been released from a prison or other detention facility; or are now under charges (including deferred sentences) for any offense against criminal law. Omit traffic violations with a fine under $150, EXCEPT where liquor or drugs were involved, and/or any offense committed before your 21st birthday which was finally adjudicated in juvenile court or under youth offender law. (check one)

☐ **Yes**** ☐ **No**

****If Yes**, please explain here -- include dates, offense(s) & location(s):_____

I hereby declare that the information provided by me in my application for employment is true, complete and correct to the best of my knowledge. I understand that any misstatements or omission of fact may result in denial of employment or, if employed, shall be considered cause for dismissal.

Disclosure & Authorization

I authorize Moco Incorporated (Moco), whose address is PO Box 2826, Seattle, WA 98111, to prepare an investigative report containing information as to my character, general reputation, personal characteristics and mode of living. I further authorize Moco to contact and interview personal and employment references and to release all information obtained during the investigation to the employer and employer's agents.

I understand that I have specific rights under the Fair Credit Reporting Act 15 USC §1681 et seq (FCRA). Those rights include: 1) The right to make a written request within a reasonable period to receive additional detailed information about the nature and scope of the investigation as required section 606 (b) of the FCRA; and, 2) The right to request a written Summary of Rights pursuant to section 609 (c) of the FCRA.

Print Name	Signature	Date

EMPLOYER USE ONLY

Client Name/Number: _____ Submitted by: _____

Phone Number: _____ Fax Number _____

Special Instructions: _____