



Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization

I authorize Cataldo Ambulance Services and PT Research Inc, a consumer-reporting agency, to retrieve information from all personnel, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information.

I understand that a Consumer Report or Investigative Consumer Report ("Consumer Report") may be prepared summarizing this information. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics and/or mode of living. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency.

Are you applying for employment in California, Minnesota or Oklahoma? YES NO
If so, would you like a copy of any Consumer Report prepared on you? YES NO

If you are you applying for employment in the State of California please note that a new Disclosure and Release of information Authorization is required for any subsequent Consumer Report/Investigative Consumer Report.

Are you applying for a VOLUNTEER position? YES NO

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

Signature Social Security Number Date

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. PLEASE PRINT CLEARLY.

Last Name First Name Middle Name
Street Address City State ZIP
Driver's License Number State of License Expires On Date of Birth

List any other CITIES AND STATES in which you have lived during the previous 7 years.

List any other LAST NAMES you have used during the previous 7 years.

List any other LAST NAMES under which you received your GED, high school diploma, or other degrees.

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NOTARY (IF REQUIRED)

State County of

Signature My Commission Expires on