



## Consent Form for Release of Information

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of Willda Beast LLC, Inc review of my application for employment, I hereby voluntarily consent to and authorize Willda Beast LLC, or KELMAR Safety Inc (authorized agent), to obtain consumer reports for employment purposes. This may include but not limited to Employment Verifications, Motor Vehicle Reports, References and Criminal reports. This release specifically covers verifying your Education-High Schools, GED, Colleges, Degrees or Technical Schools. Furthermore, this release hereby gives permission to same to order Motor Vehicle Reports for the duration of my employment (if hired) for the purpose of performing Annual Reviews per the Federal Motor Carrier Safety Regulations.

I authorize all persons and organizations that may have information relevant to this research to disclose such information to Willda Beast LLC, or KELMAR Safety Inc (authorized agent). I hereby release Willda Beast LLC, and KELMAR Safety Inc (authorized agent), and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. Purposes of investigation as required by Section 391.23 and Part 382 and part 40 of the Federal Motor Carrier Safety Regulations also apply. I hereby give specific permission to past employers to release drug and alcohol test results or SAP information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the Federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License Number & State

I understand the information I am providing about date of birth will not be used to determine eligibility for employment, but will be used solely for the purpose of obtaining background check information.

Fax or send with application to fax# 317-468-1083 or scan and send via  
<https://secure.kelmarsafety.com/upload>

KELMAR Safety Inc  
P.O. Box 401  
Greenfield IN 46140

CONFIDENTIAL INFORMATION