



**Bruce Reed Building Maintenance Services LLC**  
**PO Box 434 Lumberton, NJ 08048**  
**609.261.5706 Office 609.261.1985 Fax**  
[www.brucereedmaintenance.com](http://www.brucereedmaintenance.com)

**Equal Opportunity Employer Applicant Notification / Release of Information Form**

*The purpose of this form is to notify you that a consumer report will be conducted on you in course of consideration for employment.*

*(Company Name):* \_\_\_\_\_

*Last Name:* \_\_\_\_\_ *First Name:* \_\_\_\_\_ *Middle Initial:* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Age:* \_\_\_\_\_

*Driver's License Number:* \_\_\_\_\_ *State of Issue:* \_\_\_\_\_

*Current Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

In connection with this request I authorize all corporations, former employees, credit agencies, education institutions, law enforcement 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, driving record, criminal record, and general public record history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collection of the above information.

*Applicant's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_