Flight Crews Unlimited
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DISCLOSURE/AUTHORIZATION FORM

By this document Flight Crews Unlimited, Inc. discloses to you that a Nationwide Comprehensive Criminal Background report may be obtained for employment purposes as part of the pre-screening background screening and at any time during your affiliation.

This shall authorize the procurement of a Criminal Background Check, Social Security Number verification and OFAC (Office of Foreign Assets Control of the United States Treasury) Check as part of the pre-screening background investigation. If accepted, this Authorization shall remain on file and shall serve as an ongoing authorization for Flight Crews Unlimited Inc to procure same reports at any time during my affiliation period.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested

In connection with this request, I authorize all corporations, companies, former employers, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent,. I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize iDentityPi.com to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency.

_____ _____ _____

Applicant's Signature Print Name Date

Social Security Number: _____- _____-_____

Date of Birth: _____/_____/_____

Driver's ID Number/State Issued: _____/_____

Current Address: _____

City: _____

State: _____ Zip Code : _____

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