



**Involved Consumer Action Network in  
Lancaster, Incorporated**

**614 North Duke Street, Lancaster, Pennsylvania 17602  
Phone: 717-299-8960 / Fax: 717-299-7001**

Email : icanlancl@netzero.net

**PRE-EMPLOYMENT INQUIRY RELEASE**

IN CONNECTION WITH AND DURING MY EMPLOYMENT (INCLUDING CONTRACT FOR SERVICES) WITH YOU, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRIES MAY BE MADE ON ME INCLUDING CONSUMER, CRIMINAL, DRIVING AND OTHER REPORTS. THESE REPORTS WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE, ALONG WITH REASONS FOR TERMINATION OF PAST EMPLOYMENT FROM PREVIOUS EMPLOYERS. FURTHER, I UNDERSTAND THAT YOU WILL BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE, AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACTIVITIES RELATING TO MY DRIVING, CREDIT, CRIMINAL, CIVIL AND OTHER EXPERIENCES.

YOUR AUTHORIZATION RELEASES THE CREDIT BUREAU OF LANCASTER, INC. FROM ANY AND ALL LIABILITY FOR DAMAGES ARISING FROM THE INVESTIGATION AND DISCLOSURE OF THE REQUESTED INFORMATION. FURTHER, IT RELEASES AND DISCHARGES ALL LIABILITY FROM ALL COMPANIES, AGENCIES, OFFICIALS, OFFICERS, EMPLOYEES AND OTHER PERSONS, WHO, IN GOOD FAITH, PROVIDE TO THE CREDIT BUREAU OF LANCASTER COUNTY, INC. THE ABOVE-MENTIONED INFORMATION IS REQUESTED IN ORDER TO SUCCESSFULLY COMPLETE A BACKGROUND INVESTIGATION FOR YOUR APPLICATION FOR EMPLOYMENT. YOUR SIGNATURE ALLOWS A PHOTOCOPY OR FAX COPY OF THIS AUTHORIZATION TO BE AS VALID AS THE ORIGINAL.

Full Name (Print) \_\_\_\_\_ Maiden Name \_\_\_\_\_

Social Security # \_\_\_\_\_ \*Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Prospective Employer \_\_\_\_\_

\*Date of birth is being requested in order to obtain accurate retrieval of records.