New York City Non-Criminal Acknowledgement & Authorization

I hereby authorize the	obtaining of "consumer	reports" and "investigative cons ("Company") at any point	•
service boards, employers state and federal governr background information re	s, educational institutions, ment and licensing agenci equested by Creative Servi	nt, if applicable. Therefore, I hereby banks, credit bureaus, financial and es, both foreign and domestic, to fices, Inc., 64 Pratt Street, Mansfield horization shall be accepted with the	d other institutions, urnish any and all I, MA 02048-1927,
Applicant (print name): _			
Applicant (signature):		Date:	

If currently	emplo	oye	d, m	ay v	ve	con	tact	yo	ur c	urre	nt e	mpl	oye	r?						ΥE	S		10		N/A	١				
(Last Name)	\																						<u> </u>							
(First Name)													(Mic	ldle	Na	me))											
(Other Name			othei	NAN	1ES	(inc	ludir	ıg ma	aider	or m	arrie	d na	mes)	utili	zed	durir	ng th	e pre	eviou	ıs 7	yea	rs and	d/or ι	ısed ı	whe	n ob	taini	ing a	ny	
degrees or certi	lication	is.																	T	T										
Current Addr	P66.																													
Current Addi	 			TT		Т					1		НΤ	┪															I	
City & State:																		р С												
Social Securi	tv Nu	mho	 *															ate o												
Social Securi	ty Nu	IIIDE												1			IVI	IVI/D	ו /ע	- 1 1	-				J					
Driver's Lice	nse N	umb	er:*														St	tate	of I	ssu	ie:									
Cell Phone:	()								_ н	ome	Pho	ne:	: ()_				·							
Email addres																														
Please list a	II add	dres	ses	who	ere	yo	u ha	ive	resi	ded	for t	he p	oast	se	ver	ı ye	ars	:	ī						ī					
(#/Street)				1	<u> </u>				ı					1	<u> </u>		1			!					<u> </u>				ı	
(City)																														
(State)	(Zip (Cod	e)		_	1	1 1		-					1	_		ı	1	ı	-					ı				-	
(#/Street)					ı.	1					(City	y)			ı.		1		- 1					(Sta	ite)		(Z	ip C	Code)
(#/Street)					1				ı		(City	v)		-	1	1	1	1		l				(Sta	ate)		(Z	ip (Code	e)
)			_			
(#/Street)	<u> </u>				1		1				(Cit	v)			1		1	ı		l				(Sta	ate)		(7	ip (Code	e)
Signature											,	, ,										lata:		,						,

^{*} Social security numbers, dates of birth, and drivers' license numbers are requested to ensure accurate retrieval of records. They will not be considered by the employer in making employment decisions. This form will be filed separately from your employment application.

I hereby authorize the release of a employee, agent or representative	any and all information pertaining to me, d	ocumentary or otherwise, as requested by any appropriate
(7) YEARS. INCLUDE THE NAM	ME AND TELEPHONE NUMBER OF TV	OF ALL PLACES OF RESIDENCE IN THE PAST SEVEN VO PEOPLE WHO CAN VERIFY THIS RESIDENCE. EONE YOU CURRENTLY RESIDE WITH:
(#/Street)	(City)	(State) (Zip Code)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
(#/Street)	(City)	(State) (Zip Code)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
(#/Street)	(City)	(State) (Zip Code)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
(#/Street)	(City)	(State) (Zip Code)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
(#/Ctroot)	(City)	(State) (Zip Code)
(#/Street) Residential Dates	Reference Name	(State) (Zip Code) Telephone Number (Cell Phone Preferred)
		· · · · · · · · · · · · · · · · · · ·
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
(#/Street)	(City)	(State) (Zip Code)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
Residential Dates	Reference Name	Telephone Number (Cell Phone Preferred)
Signature:		Date:

Release Authorization

I hereby authorize the release of any and all information pertaining to me, documentary or otherwise, as requested by any appropriate employee, agent or representative of Creative Services, Inc.

PLEASE LIST THE NAMES AND FULL ADDRESSES, INCLUDING ZIP CODE, OF ALL THE PLACES WHERE YOU HAVE WORKED IN THE PAST SEVEN (7) YEARS:

Employer:		Telephone:	
Address:	City:	State	: Zip Code:
Dates of Employment:/ to/ P	osition:	Supervisor	:
Reason For Leaving: Prim	ary Duties:		
Employer:		Telephone:	
Address:	City:	State	: Zip Code:
Dates of Employment:/ to/ P	osition:	Supervisor	:
Reason For Leaving: Prim	ary Duties:		
Employer:		Telephone:	
Address:	City:	State	e: Zip Code:
Dates of Employment:/ to/ Polyment:/ Polyment	osition:	Supervisor	:
Reason For Leaving: Prim	ary Duties:		
Employer:			
Address:	-		
Dates of Employment:/ to/ Position		-	
Reason For Leaving: Prim	ary Duties:		
Employer:		Telephone:	
Address:		·	
Dates of Employment:/ to/ Possible 1.00			
Reason For Leaving: Prim			
Signature:			Date: