

Release and Applicant Information Form

T-R Information Services
P.O. Box 780254
Orlando, FL 32878
Phone: (800) 894-9141 Fax: (407) 306-0277

Requestor Information:

Contact Person: John Gelormini/David Edmonds Company: Eastern Nazarene College

Contact Phone: 617-745-3728 Contact Fax: 617-745-3982

E-Mail: david.edmonds@enc.edu; john.gelormini@enc.edu

Applicant/Subject Information:

Name: _____ Home Phone: _____
Please Print All Requested Information – As it appears on your License

Current Address: _____ City: _____ ST: _____ Zip: _____

Sex: _____ Date of Birth: _____

Drivers License Number: _____ State Issued: _____

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company.

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

TR Information Services an agent of Eastern Nazarene College may be asked to make a thorough check of my
company name
driving history. I release from liability all persons, companies, and corporations supplying that information. as well as TR Information Services against any liability that might result from making such background checks. A copy of this form is as valid as the original.

Applicant's Signature: X _____ Date: _____