QUALITY-HIRE®
"WHEN YOU HAVE TO GET IT RIGHT THE FIRST TIME"

Steiner Consulting LLC
*Solutions for Hiring*

## APPLICANT MUST COMPLETE THIS PAGE

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than $2,500 or imprisoned not more than a year, or both.

**Employer's Resource Group Inc.**
**3120 W. Britton Rd.**
**Okla. City, OK 73120**
**Ph: (405) 755-7689**

**Steiner Consulting, LLC**
**9524 E. 81st Street STE.B1562**
**Tulsa, OK 74133**
**Ph: (918) 812-0040** R. Ph. S., Inc.

**Fax to: Employer's Resource Group, Inc. (405)-936-6353**

In connection with my application for employment as an independent contractor, I understand that investigative background inquiries are to be made on me, which may include consumer credit, criminal, civil litigation, motor vehicle, and other reports. These reports may include information as to my character, work habits, performance, education and experience along with reasons for termination of 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.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from any liability and responsibility for doing so. I hereby consent to obtaining the above information from Steiner Consulting, LLC. and/or any of their licensed agents. This authorization and consent shall be valid in original, fax or copy form. I further authorize ongoing procurement of the reports mentioned above at any time during my employment as an independent contractor and have received a copy of the Consumer Reports Notification, regarding pulling of such consumer reports. In the event information from your report is used in whole or in part in making an adverse decision in regards to your employment as an independent contractor, before making an adverse decision, you will be provided with a copy of the consumer report along with a copy of your rights under the FCRA.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment period as an independent contractor.

**Applicant Signature**_____ **Date:**_____

**Please print clearly as it appears on Driver's License or Identification Card:**

Name: _____Maiden/AKA: _____
First Middle Last

Current Address:_____City:_____State: ____Zip:____

Social Security Number: _____ _____ DOB: _____

*Sex M ◉ F ○ *Race: White ○; Black ◉; Asian ○; Hispanic ○; Native American ○; Other ○: _____

Driver License Number: _____State: _____

PreviousEmployer:_____ContactPerson:_____

City_____State:_____Phone:_____ From (mm/dd/yy):_____To:_____

Name of University/or College: _____From (mm/dd/yy):_____To: _____

City: _____State:_____ Degree: _____

*Responses to these are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation.

Submit