

Directions for the Background Search and Social Security Administration Release Forms
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Please read and follow the instructions below. Errors on the Background Search and Social Security Administration Release Forms will delay your application.

- **Handwritten Signatures** - The Consent to Background Search and Social Security Administration forms must have handwritten signatures. Print and sign all pages that require a signature. After signing the forms, you can scan and attach the forms to the application, or submit them by regular mail. **We cannot accept computer generated electronic signatures.**
- **Dates of Employment and Education** - Employment and education dates on the form should match the dates you provide on your application and in your business background narrative.
- **Date Formats** - To the best of your recollection, provide the **month** and **year** for all employment and education listed.
- **Contact Information** - Provide the name of a contact person, phone number and/or email address for every employer within the last 10 years.
- **Licenses and Certifications** - Include license numbers for all entries in this section.
- **Contractors/Temporary Agencies** - If you were employed by a temporary agency, provide the name and contact information for the agency. Do not provide contact information for companies where you were placed. Enter any assignments at law firms or financial institutions in the employment section of your application.
- **Legibility** - If you complete the forms by hand, make sure that all entries are legible.

**FINRA DISPUTE RESOLUTION SERVICES ARBITRATOR APPLICANT  
EMPLOYMENT CANDIDATE CONSENT TO BACKGROUND SEARCH AND INVESTIGATION**

**CONSUMER NOTIFICATION:** This is to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for inclusion on the FINRA Neutral Roster ("Roster"). The report may include, among other items, criminal background information, confirmation of your educational and employment history, and confirmation of any references provided. Pre-Employment, Inc., 8700 Crownhill, Suite 703, San Antonio, TX 78209, 800-735-9555, is the consumer reporting agency that will prepare the report.

**AUTHORIZATION TO OBTAIN REPORT** The undersigned hereby authorizes FINRA Dispute Resolution Services and/or its agents to make an investigation of my background, references, employment, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained in my application and/or obtaining other information which may be material to my qualifications for inclusion on the Neutral Roster. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

In the event of my inclusion on the Roster, this authorization shall remain in effect for as long as I remain on the Roster. If I am not selected for inclusion or am removed from the Roster as a result of any investigative report resulting from this authorization, DR will provide me a copy of that report along with a summary of my rights under the *Fair Credit Reporting Act*.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please type or print legibly the information requested below, black ink only.*

True and Complete

Legal Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Present Street

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Note:** The above information is required to ensure positive identification and is in no manner used as qualification for employment. California, Minnesota, and Oklahoma applicants check this box ☐ if requesting copy of report be sent to address above.

*For privacy policy, see FAQ tab at [www.pre-employment.com](http://www.pre-employment.com).*

**FINRA DISPUTE RESOLUTION SERVICES REQUEST FOR PROCESSING  
(FINRA use only)**

- ☐ Employment verification
- ☐ Civil records, County
- ☐ Civil records, Federal District
- ☐ Globalcheck
- ☐ Education verification
- ☐ Professional license verification
- ☐ SSN+, auto-search developed jurisdictions

Requestor: Melissa LaVaughn - Slobert  
Specialist Neutral Disclosure

ClientID: fin.dis

FINRA Dispute Resolution Consent Form / Page 1 of 3  
Name: \_\_\_\_\_

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FINRA Dispute Resolution Services Arbitrator Applicant  
Consent to Background Search and Investigation

**EMPLOYMENT HISTORY**

**Employment History for Past 10 Years** – Begin with most current employment. Indicate periods of unemployment or date of retirement, if applicable. Enter months and years for time periods. If more space is needed, make additional copies of this page.

1. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_
  
2. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_
  
3. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_
  
4. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_
  
5. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_

6. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_
7. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_
8. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_
9. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_
10. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_
11. Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Employer Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
Your Position: \_\_\_\_\_ Department: \_\_\_\_\_

FINRA Dispute Resolution Services Arbitrator Applicant  
Consent to Background Search and Investigation

**EDUCATION HISTORY & PROFESSIONAL LICENSE INFORMATION**

**Education** Specify all academic degrees received (excluding high school) and applicant's name at time of enrollment (e.g. maiden, married, alias). Enter months and years for time periods.

1. Institution Name: \_\_\_\_\_ Applicant's Name in School: \_\_\_\_\_  
Address (City and State) \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Date Granted: \_\_\_\_\_
2. Institution Name: \_\_\_\_\_ Applicant's Name in School: \_\_\_\_\_  
Address (City and State) \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Date Granted: \_\_\_\_\_
3. Institution Name: \_\_\_\_\_ Applicant's Name in School: \_\_\_\_\_  
Address (City and State) \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Date Granted: \_\_\_\_\_
4. Institution Name: \_\_\_\_\_ Applicant's Name in School: \_\_\_\_\_  
Address (City and State) \_\_\_\_\_  
Degree: \_\_\_\_\_ Major: \_\_\_\_\_ Date Granted: \_\_\_\_\_

**Education** Specify any education institutions attended where you were enrolled only (no degree received)

1. Institution Name: \_\_\_\_\_ Applicant's Name in School: \_\_\_\_\_  
Address (City and State) \_\_\_\_\_  
Major: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
2. Institution Name: \_\_\_\_\_ Applicant's Name in School: \_\_\_\_\_  
Address (City and State) \_\_\_\_\_  
Major: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
3. Institution Name: \_\_\_\_\_ Applicant's Name in School: \_\_\_\_\_  
Address (City and State) \_\_\_\_\_  
Major: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Professional License or Certification**

1. Type/Title: \_\_\_\_\_ License #: \_\_\_\_\_  
Agency & State of Issue: \_\_\_\_\_ Date Issued: \_\_\_\_\_
2. Type/Title: \_\_\_\_\_ License #: \_\_\_\_\_  
Agency & State of Issue: \_\_\_\_\_ Date Issued: \_\_\_\_\_
3. Type/Title: \_\_\_\_\_ License #: \_\_\_\_\_  
Agency & State of Issue: \_\_\_\_\_ Date Issued: \_\_\_\_\_