MOCO INC.

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Seattle, WA 98121
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APPLICANT INFORMATION (please print clearly)

LAST | FIRST | MIDDLE NAME/INTIAL | SUFFIX

SOCIAL SECURITY NUMBER | DATE OF BIRTH (ID PURPOSES ONLY) | DRIVERS LICENSE NUMBER/STATE

CURRENT ADDRESS (STREET ADDRESS & APT # (IF APPLICABLE), CITY, STATE AND ZIP FOR THE LAST SEVEN YEARS)

PREVIOUS ADDRESS

ADDITIONAL PREVIOUS ADDRESSES

APPLICANT SIGNATURE/RELEASE

I HEREBY DECLARE THAT THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND, THAT IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION SHALL BE CONSIDERED CAUSE FOR DISMISSAL.

I AUTHORIZE MOCO INCORPORATED, WHOSE ADDRESS IS PO BOX 2826, SEATTLE, WASHINGTON, 98111, TO OBTAIN AN INVESTIGATIVE REPORT CONTAINING INFORMATION OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY FRIENDS, NEIGHBORS, ACQUAINTANCES, PERSONAL AND EMPLOYMENT REFERENCES. THIS REPORT, IF OBTAINED, MAY INCLUDE INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, CREDIT STATUS, DRIVING HISTORY, MOTOR VEHICLE RECORDS, BANK INFORMATION, PUBLIC RECORDS INFORMATION, AND CHARACTER INFORMATION AS NECESSARY. I AUTHORIZE MOCO INCORPORATED TO RELEASE INFORMATION OBTAINED DURING THE INVESTIGATION TO EMPLOYER AND EMPLOYER AGENTS. I UNDERSTAND I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD TO RECEIVE ADDITIONAL DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF MY INVESTIGATION.

PRINT NAME | SIGNATURE | DATE

WITHIN THE LAST 7 YEARS HAVE YOU ENTERED INTO A PLEA OF GUILTY OR NO CONTEST, OR OTHERWISE BEEN CONVICTED OF A MISDEMEANOR OR FELONY OFFENSE AGAINST CRIMINAL LAW; OR HAVE BEEN RELEASED FROM A PRISON OR OTHER DETENTION FACILITY; OR ARE NOW UNDER CHARGES (INCLUDING DEFERRED SENTENCES) FOR ANY OFFENSE AGAINST CRIMINAL LAW. OMIT TRAFFIC VIOLATIONS WITH A FINE UNDER $150, EXCEPT WHERE LIQUOR OR DRUGS WERE INVOLVED, AND/OR ANY OFFENSE COMMITTED BEFORE YOUR 21ST BIRTHDAY WHICH WAS FINALLY ADJUDICATED IN JUVENILE COURT OR UNDER YOUTH OFFENDER LAW. (circle one)

YES NO**

****If YES**, please explain here -- include offense(s) & location(s):_____

_____

EMPLOYER USE ONLY

CLIENT NAME/NUMBER:_____ SENDER:_____

PHONE NUMBER W/ AREA CODE:_____ FAX NUMBER:_____

SPECIAL INSTRUCTIONS:_____