



**APPLICATION AND PRE ENROLLMENT DISCLOSURE
AUTHORIZATION AND RELEASE**

I understand that Advanced ATC, Inc. or other authorized third parties may be conducting a background check in connection with my application for enrollment in the program. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving history, criminal history, credit history and such other information that may be required, and is not conducted for any other purpose other than in connection with this application for enrollment. I understand that the information supplied by me on this form shall be used solely for the purpose of obtaining, validating or verifying information received as a part of the background check.

I understand that Advanced ATC may rely on all or any part of this information in determining whether to extend an offer of enrollment to me. I further understand that if any adverse action is taken by the Advanced ATC, Inc. based upon any of this information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that a background check may be preformed by Advanced ATC, Inc or any of their representatives as a part of the pre-enrollment process, in order to evaluate the suitability of an applicant for enrollment.

I, the undersigned applicant for enrollment, have read this Pre-Enrollment Disclosure and by signing below, hereby, authorize Advanced ATC, Inc., its representatives, agents and authorized third parties, to conduct a background check, as described herein, in conjunction with my application for enrollment and hereby release said parties from any and all liabilities related to the use, procurement or disclosure of any information provided by me or obtained about me in connection with my application for enrollment and a background check that may be performed. I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to Advanced ATC, Inc. or their representatives and agents, in connection with this authorization and release. I authorize a non-refundable \$100.00 application fee and voluntarily provide my date of birth in order to obtain and verify records obtained in the background check.

Signature _____ Date _____

Printed Name _____

***** THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS *****

Current Address _____

_____ County _____ State _____ Zip _____

Maiden Name/ Prior Names _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ Driver's License State _____

Driver's License Expiration Date _____