



***Resident Screening Release: Return To Century Towers***

***Corporate & Private Screening, LLC.  
P.O. Box 520147  
Independence, Missouri 64052-0147  
816-373-7761 816-373-9636 fax***

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
          First                      Middle                      Last

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

City, State, Zip: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

State of License: \_\_\_\_\_

Additional information for criminal records.

Sex: \_\_\_\_\_

County (where you live) of search: \_\_\_\_\_

State (where you live) of search: \_\_\_\_\_ (required)

Have you ever been convicted of a crime? \_\_\_\_\_ Date? \_\_\_\_\_ Where? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

In conjunction with submitting my application, I understand that an investigation may be made where by information is obtained regarding my criminal history, character, employment, and general reputation, education background, driving history (MVR), drug, screening and credit/ or peer report. I authorize anyone possessing this information to furnish it to Century Towers & Corporate & Private Screening, LLC. Upon request and I release anyone so authorized, Century Towers, and Corporate & Private Screening, LLC. from all liability and damages whatsoever in furnishing, obtaining, or using said information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date