

GENERAL AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character and work habits. Further, I understand and agree that you may request information from various federal, state, local, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, drug screening, previous employment, academic records and other experiences. Workers Compensation information will be requested in compliance with the Americans with Disabilities Act. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be advised and be given the name of the original source of the information. This authorization is executed with full knowledge and understanding that the companies involved and other acting on it's behalf will take measures to protected the aforementioned against unauthorized disclosure to parties not having legitimated need for in the discharge of official business and will act in good faith to be in compliance with the FCRA and the Drivers Privacy Protection Act. I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for federal, state, county, and local agencies and authorities. I hereby authorize, without reservation, an law enforcement agency, administrator, state agency, institution, information service bureau, employer or education institution contacted directly or indirectly by any information serve bureaus acting on behalf of the employer to furnish the above mentioned information.

I understand that before any adverse action is taken, based in whole or in part on the information contained in the consumer report; I will be provided a copy of the report, the name, address, and telephone number of the reporting agency. I will also be provided with a copy of the summary of my rights under the Fair Credit Reporting Act, as well as additional information on my rights under the law.

Print Name: _____ / _____ / _____
(last) (first) (middle)

Previous Name(s): _____ Date of Name Change(s): _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State that issued License: _____

Current Address: _____ / _____ / _____
(city) (state) (zip code)

Number of **years and months** you resided at the above address: _____

Previous Address: _____ / _____ / _____
(city) (state) (zip code)

Number of **years and months** you resided at the above address: _____

Applicant Signature: _____ Applicant Printed Name: _____

Witness: _____ Date: _____



Company Requesting Background Search on Applicant: _____

Contact Person: _____ Phone: _____ Fax: _____

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Entry Level Package | <input type="checkbox"/> Plus Package | <input type="checkbox"/> Premium Package | <input type="checkbox"/> HR Package |
| <input type="checkbox"/> County Search | <input type="checkbox"/> Sex Offender Search | <input type="checkbox"/> FBI Invest. | <input type="checkbox"/> BCI Invest. |
| <input type="checkbox"/> OL Check | <input type="checkbox"/> 5 Panel UDS | <input type="checkbox"/> Hair Follicle | <input type="checkbox"/> Steroid Test |
| <input type="checkbox"/> Nicotine Test | <input type="checkbox"/> Alcohol Testing | <input type="checkbox"/> Random Selection | <input type="checkbox"/> Prev. Empl. |
| <input type="checkbox"/> Professional License | <input type="checkbox"/> Edu. Verification | <input type="checkbox"/> Reference Verif. | <input type="checkbox"/> Person. Test |
| <input type="checkbox"/> Pre-Employment Assmt. | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Note: If you have selected an "Employment Verification" service you must supply an additional release and permission to contact the clients' current employer.