



Applicant Authorization and Release
(Keep in separate secure file – not with personnel records)

In connection with my application for employment (including contracts for service) and as a condition of continuing employment, I understand that consumer reports or investigative consumer reports will be requested on me from various sources. These reports may include credit reports, criminal convictions, employment history, education, professional references, civil court filings, driving records, and/or insurance records. Reports will include information such as: my work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies that maintain records concerning my past activities.

I hereby authorize _____ (hereinafter "Employer") or any of its approved employees or agents to obtain the information referred to above in connection with the processing of my application. I authorize, without reservation, any individual, corporation or other private or public entity to furnish to Employer or any of its employees or agents the information referred to above. I release Employer, its employees and agents, and all individuals, corporations, or other private or public entities providing information from any liability for damages that may result to me as a result of furnishing or attempting to furnish such information. I have received and reviewed a copy of "A Summary of Your Rights under the Fair Credit Reporting Act." This authorization and release shall remain in effect for the term of my employment and shall be valid in original, fax or copy form.

I understand that Employer will give me a copy of all reports furnished to Employer, whether or not those reports have influenced Employer in deciding about my application for employment or my continued employment.

Applicant's Signature _____ Date: _____

Law enforcement agencies and other entities require the following information for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Full legal name: _____ Sex Male Female

Other names you have used _____ Date(s) used _____;

_____ Date(s) used _____ Date of birth ____/____/____

Social Security # _____ Current Drivers License # _____

Issuing state _____ List other Drivers License numbers and issuing states (last 7 years only):

_____ Issuing State _____; # _____ Issuing State _____



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Home Addresses (for the last 7 years – list most current first)

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

Street _____ City _____ State _____

Zip _____ County _____ From-To Dates _____ - _____

If employee is filling out electronic documentation:

By checking this box I _____ acknowledge that I have read the above and in lieu of a “wet” signature, I am electronically signing this document.