



# Authorization For Release Of Information

The information requested below is for the sole purpose of conducting a background investigation which may include a credit report, criminal records check, driving record and other reports. The information regarding age, gender, or race will not be used as part of any hiring, promotion, or termination decision. **Please print neatly.**

Full Legal Name: (no nicknames)			
	First	Middle	Last
Maiden Name (if applicable):			
Social Security #:		Date of Birth:	

### Current Address

Address:			
City:		State:	Zip Code:
Dates lived at this address:	From:		To:

### Previous Address

Address:			
City:		State:	Zip Code:
Dates lived at this address:	From:		To:

**Answer the question below and list details if applicable.**

Have you ever been convicted of a crime?	Circle yes or no:	YES	NO
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If yes, please list details:


**Please print your full name in the blank below.**

I, \_\_\_\_\_, hereby authorize the recipient of this release to search any of the following files which the recipient possess, and to release the contents of those files to any agency the prospective employer utilizes.

1. Federal, state, or county criminal history records
2. Financial History
3. Social Security Number verification
4. State driving records
5. 5 year employment verification
6. Education records, including transcripts
7. Worker's Compenstion filing records

I authorize the reporting of the contents of any of the above records to the prospective employer's agency. I release the recipient of this release and the prospective employer from any and all liability for obtaining and releasing such information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Home Office use only.**

Prospective Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_