

Authorization to Release Background Information

I hereby authorize to obtain background information as part of my application for employment.

Applicant Information

Full Name:

Date of Birth:

Social Security Number:

Current Address:

City:

State:

Zip Code:

Authorization

I authorize the investigation of all statements contained in my employment application and consent to the release of any and all information concerning my background. I release all parties from all liability for any damage that may result from furnishing information to you.

Applicant's Signature:

Date: