

PLEASE READ CAREFULLY
APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application with _____(Hereinafter referred to as Company.) We're proud that our success is the result of the quality and caliber of our employees. You are applying for a position whose acceptance will place you in a category of recognized Professionals. In pursuit of that excellence we require, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of their background, including, but not limited to, information submitted on their application or résumé.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that the Company may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history, motor vehicle records, contact personal references, require that I submit to be tested for the presence of drugs or alcohol, investigate worker's compensation claims and obtain any criminal or civil history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state or province or any other information as deemed necessary to fulfill the job requirements.

I authorize Background Check International (BCI) and any of its agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to the designated authorized representatives of the Company.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers and other organizations and Agencies to provide BCI with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge the Company, its agent, BCI, and their associates to the full extent permitted by law from claims, damages, costs, and expenses, for any errors, omissions or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

APPLICANT:

Signature

Name typed or printed

Address

City

State/Zip

SS#: _____ - _____ - _____

Date

License # Type State

Date of Birth

NOTE: Birth date is used only to verify criminal and civil records and will not be used by this organization to make a hiring decision.