

## WAIVER AND AUTHORIZATION TO OBTAIN RECORDS AND OTHER INFORMATION FOR EMPLOYMENT PURPOSES

**To the Applicant:** This form must be filled out completely. Leave no blanks. Direct any questions to the employment office. **READ ALL INFORMATION CAREFULLY BEFORE SIGNING.**

I hereby authorize the company to utilize the services of an outside agency to make an investigation of my personal employment history, education and financial and credit records. I understand that these investigations will include information of public record, which could include DMV records; civil and criminal court records; County, State, and Federal tax liens; notices of default and bankruptcies; and, other records as may be appropriate. Previous employment references will also be verified. I understand I have a right to make written request within a reasonable time of the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me

I hereby fully waive any rights or claims I have or may have against all current and/or former employers, and their agents, employees, and representatives and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

Yes \_\_\_\_\_ No \_\_\_\_\_  
Signature and Date Signature and Date

**A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.**

### PLEASE PRINT CLEARLY

|  |                        |               |        |
|--|------------------------|---------------|--------|
| Name   | Last                   | First         | Middle |
| Other Names Used - include maiden name, aliases, and nicknames |                        |               |        |
| Address  |                        |               |        |
| City/State/Zip   |                        |               |        |
| Telephone  | Social Security Number | Date of Birth |        |
| Drivers License Number   | Type                   | State         |        |

Signature \_\_\_\_\_ Date \_\_\_\_\_