



EMPLOYEE AUTHORIZATION RELEASE

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court records, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (Fax) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contact by _____ or its agent, to furnish the information described in Section 1.

EMPLOYEE INFORMATION (please print clearly and complete all required information.)

Last Name	First Name	Social Security Number	Date of Birth
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Please Print Other Names You May Have Used

Address

City	State	Zip	County
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Driver License Number	Issuing State	Name as it Appears on License
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PREVIOUS EMPLOYER (last 7 yrs)

1. Employer	Street Address
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Start Date	City
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End Date	State
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Phone Number	Zip
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2. Employer	Street Address
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Start Date	City
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End Date	State
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Phone Number	Zip
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3. Employer	Street Address
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Start Date	City
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End Date	State
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Phone Number	Zip
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PREVIOUS EMPLOYER (last 7 yrs) continued

4. Employer	Street Address
Start Date	City
End Date	State
Phone Number	Zip

5. Employer	Street Address
Start Date	City
End Date	State
Phone Number	Zip

EDUCATION REFERENCE (highest level of education)

School Name	
City	Major
State	Degree Earned
Start Date	Year Graduated

PERSONAL REFERENCE

1. Full Name	Phone Number
2. Full Name	Phone Number
3. Full Name	Phone Number
4. Full Name	Phone Number

The above information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Sign and Date the Form	Employee Signature	Date Signed
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