



RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. 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, education, credentials, credit, and references.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable 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.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

III. I acknowledge that a facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, check this box. The report (s) will be sent by the reporting agency to you to the address below.

I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by _____ or its agent, to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public record's. 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 about me from any and all liability arising out of the requests fro or release of any of the above mentioned information or reports.

Please print your full name **LAST** **FIRST** **MIDDLE**

Please print other names you have used

Home Address

City **State** **Zip Code**

Social Security **Date of Birth**

The following states require sex and race to obtain information:
AL, AR, FL, GA, IA, IN, OR, TX, WI
Sex: Male Female
Race: Asian Black Hispanic White Other

Driver's License Number **State Issuing License**

Name as it appears in the license

Signature **Today's Date**