

AUTHORIZATION TO RELEASE INFORMATION

I, _____	_____	_____
Last Name	First Name	Middle Name
Current Address (full address)		Dates Lived Here
City	State	Zip
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State Issued

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **PreScreen America, Inc (PSA)** to obtain such records, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature, and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **PSA** for identification purposes and for the release of information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **PSA** to furnish the above-mentioned information.

\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to PSA, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which PSA has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name	Applicant Signature	Date
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**CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.**

If you have been convicted and/or found guilty of violating any law, place an X in the blank marked "YES" below. A "YES" will not disqualify you from employment consideration. Do not designate "YES" for traffic violations unless applying for motor vehicle operation. If you have not been convicted of violating any law, place an X in the blank marked "NO" below.

Include any dispositions where you received a punishment such as: guilty, probation, restitution, probation before judgment, deferred adjudication, adjudication withheld, fines or suspended sentences. Do not include dismissed, expunged or not guilty dispositions.

YES \_\_\_\_\_ NO \_\_\_\_\_

If you have responded with a "YES", please explain the convictions below, to include location, county, state, and disposition.

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