

**APPLICANT'S AUTHORIZATION FOR
RELEASE OF INFORMATION**

I hereby authorize Personnel Source, Inc., its employees, agents, professional investigators or any representative of the above named company, to perform investigations into my background, past behavior, character and reputation.

The intent of this authorization is to give my consent for full and complete disclosure of the records of financial or credit institutions, including records of deposits, withdrawals and balances of checking and savings accounts and loans, which by law will only be obtained if I am seeking employment in a bank, credit union, as a public safety officer, or as otherwise required or authorized by law. Investigative reports may also include criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment record, military records or other sources of information.

I authorize custodians of the records of any agency or company as described herein to release such information upon request of any investigator, agent, or representative of Personnel Source. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment.

I understand that any and all information released to Personnel Source, Inc., by any agency, institution or individual shall be made known to the company which I am assigned to. Further, I do hereby release, absolve, and agree to forever hold harmless Personnel Source, Inc. their officers, agents, contractors and employees and, the company which I am assigned to, their officers, agents, contractors and employees as well as any and all agencies, persons and/or institutions who furnish information on me, from any and all liability. This also applies to any and all suits, actions, or causes of actions at law, claim, demand or liability which I, my successors, assigns, heirs, executors or administrators have now or may ever have resulting directly, indirectly or remotely from said agencies, institutions or individuals having furnished information.

EDUCATION- I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records and any other information requested.

EMPLOYMENT- I authorize all former and current employers to release any and all information regarding my employment history This includes all information contained in my personal file, salary history, condemnations and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

CREDIT- I authorize the above company, if I am seeking placement in a bank, credit union, as a public safety officer, or as otherwise required or authorized by law, to obtain a credit report on me and understand that if I am denied due to credit, I can, according to the Fair Credit Reporting Act, get a copy of my credit report from the credit wholesaler.

I understand that the information requested is for the use of Personnel Source and may be re-disclosed only as authorized by law. I understand that I have the right to request from Personnel Source a written disclosure of the nature and scope of the investigation conducted that I authorized above if: (1) And adverse action/decision is made based on the information in the consumer report & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report has been conducted, I will be notified in writing with five days of receipt of my request for said report.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. I indemnify, release and hold harmless Personnel Source, its agents, or others reporting to or for Personnel Source, any investigators, all former employers, reporting agencies and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosures, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

Applicant Printed Name

Date

Applicant Signature

Personnel Source Representative

Background Check Address History

All candidates: Please enter your name and date of birth, answer the background check questions at the top of the form, provide us with your current address and sign and date the bottom of this form.

If you have lived in any other state besides the one listed as your current address you will need complete the remainder of the address history section including any location you have lived at over the past 7 years.

Candidate Name: _____ **Date of Birth:** _____

Social Security Number: _____ - _____ - _____

Other names used:

Have you ever been convicted of a felony, misdemeanor and/or served time? Yes _____ No _____

| Incident Date | City/State | Charge | Felony or Misdemeanor |
|---------------|------------|--------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Current Address: _____
City: _____ State: _____ County: _____ Zip _____
Dates: _____

Address History:
Previous Address: _____
City: _____ State: _____ County: _____ Zip _____
Dates: _____

Previous Address: _____
City: _____ State: _____ County: _____ Zip _____
Dates: _____

Previous Address: _____
City: _____ State: _____ County: _____ Zip _____
Dates: _____

Previous Address: _____
City: _____ State: _____ County: _____ Zip _____
Dates: _____

Candidate Signature: _____ **Date:** _____