

Release of Information Authorization

I hereby authorize _____ its employees, and its agents, along with Attorney's Process and Investigation Services, Inc. (API), and its employees and authorized agents, to verify any information I have provided. In connection with, and duration of my employment (including contract for services) with you, I understand investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. These reports will include information as to my character, work habits, performance, and experience along with the reasons for termination of past employment from previous employers. Further, I understand you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal civil, and other experiences as well as claims involving me in the files of insurance companies. (All inquiries are subject to the provisions of the Fair Credit Reporting Act)

I authorize my current and previous employers, educational institutions, banking, and other financial institutions, credit rating bureaus or institutions maintaining individual credit rating files, and governmental agencies or political subdivisions to give any information requested regarding my employment, character, and qualifications. Any previous employer is also hereby authorized to release any and all documents which, by agreement with me, have been designated as confidential or sealed.

I hereby expressly release and hold harmless _____ Attorney's Process and Investigations Services, Inc. (API), their agents, employees, and any person or organization who provides information or records relating to me from any and all liability or claiming related to the investigation of my personal employment audit or financial history. I further agree to release and hold harmless, any person or entity which provides accurate and further information to _____ or its agents in the course of conducting a background check for purposes of employment with _____.

This Release shall be valid for twelve (12) months immediately following the date of my signature below.

In compliance with the Privacy Act of 1974, the following information is provided:
The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application. A false statement or a material omission on any part of your application may be grounds for termination from employment.

I have read, understood, and approve of the previous Privacy Act notice:

Initials: _____

Name (Please Print)

Social Security Number

Previous Names/Maiden Names

Current Address City/State/Zip

Date of Birth

Drivers License Number State

Date

Signature Male Female