Release Authorization

Applicant Complete the Following

If required, notarize here. When using an embossed seal, please shade with a

pencil before faxing.

- 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 record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. 1.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with

Please p Please p Home Ac City Social Se The fol	rint your full name rint other names you have used		☐ Asian	State Date of Birth AR, FL, GA, IA, I	L, IN, MI, OR, SC, ┐ ☐ Hispanic	Zip Code TX, WI White	☐ Other
Please p Please p Home Ac City Social Se	rint your full name rint other names you have used Idress ecurity Number lowing states require sex	cand race to obtain i	′	State Date of Birth AR, FL, GA, IA, I		Zip Code	☐ Other
Please p Please p Home Ac City Social Se	rint your full name rint other names you have used ddress ecurity Number		nformation: AL,	State Date of Birth	L, IN, MI, OR, SC, 1	Zip Code	
Please p Please p Home Ac	rint your full name rint other names you have used Idress			State			
Please p	rint your full name rint other names you have used						
Please p	rint your full name rint other names you have used			FIRST		MIDDLE	
Please p	rint your full name			FIRST		MIDDLE	
		LAST		FIRST		MIDDLE	
of the a							
public i	lowing information is req records. It is confidential es, and entities providing above mentioned informa	and will not be used information or repor	l for anv other r	ourposes. I hereb	v release the emplo	ver and agents an	d all persons
VI.	I hereby authorize relemy previous employer Section 40.25. I under items: alcohol tests wite agency drug and alcohol and any documentatio	to	on to be release or higher, verifies, information of	This release is in ed by my previous ed positive drug to obtained from prev	accordance with D employer, is limited ests, refusals to be vious employers of a	OT Regulation 49 I to the following D tested, other viola	CFR Part 40 OT-regulated ations of DOT
V.	I hereby authorize, wit reference or insurance in Section 1.	hout reservation, any e company contacted	y law enforcem d by	ent agency, institu	ition, information se or its agent, to fu	rvice bureau, schournish the informat	ool, employer, tion described
IV.	Minnesota, Oklahoma report(s) will be sent band Selection Services	by the reporting ager	ncy to you at th	ne address below.	The reports will be	dered. Check this processed by: Al	s box □. The DP Screening
	most federal, state and	elephonic facsimile (d county agencies ind	FAX) or photogouting the Min	raphic copy shall nesota Departmer	be as valid as the c nt of Labor.	original. This relea	ase is valid for
III.							

Notary Public

Today's Date

Name Date

Subscribed and sworn before me:

My Commission Expires