

Authorization / Release Form

Print Name: _____
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates Used: _____

Social Security Number: _____ Date of Birth: _____

Telephone: _____ Drivers' License Number/State: _____

Current Address Since: _____
(Mo. /Yr.) (Street) (City) (Zip / State)

Previous Address Since: _____
(Mo. /Yr.) (Street) (City) (Zip / State)

Education: _____
(Institution) (Year Graduated) (Degree)

Previous Employment: _____

May we contact employers? _____
(Dates Employed) (Employer) (City/State) (Phone Number)

(Dates Employed) (Employer) (City/State) (Phone Number)

(Dates Employed) (Employer) (City/State) (Phone Number)

Convictions: _____
(Year) (Nature of Offense) (City/State) (Resolution)

(Year) (Nature of Offense) (City/State) (Resolution)

I hereby authorize Alliant Diagnostics and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; workers compensation for employment; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to Alliant Diagnostics or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. I hereby release Alliant Diagnostics, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

Signature: _____ Date: _____

NOTICE TO CALIFORNIA, OKLAHOMA, AND MINNESOTA APPLICANTS

Under California, Minnesota, and Oklahoma law, the consumer reports we order on you are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. Under California, Minnesota, and Oklahoma Civil Code, you may view the file maintained on you by Alliant Diagnostics during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at Alliant Diagnostics in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. I want to receive a free copy of any investigative consumer report requested on me by checking this box:

ACCOUNT: ASAP STAFFING

- Contact: **Valeria Ruggieri**
- MULTI STATE SEARCH _____
- SINGLE STATE SEARCH _____
- FEDERAL SEARCH _____
- SOCIAL SECURITY SEARCH _____
- MOTOR VEHICLE RECORDS _____
- GLOBAL SCAN _____
- PKG 1 _____

RESULTS TO: valeria@asap-staffing.com

- Phone: **562 499 2120 ext 222**
- WORKERS COMPENSATION _____
- EDUCATION VERIFICATION _____
- EMPLOYMENT VERIFICATION _____ qty _____
- EMPLOYMENT CREDIT _____
- COUNTY SEARCH _____
- STATE LAW ENFORCEMENT _____
- PKG 2 _____