

BACKGROUND VERIFICATION AUTHORIZATION AND HOLD HARMLESS STATEMENT

To Whom It May Concern:

I hereby authorize and request any present or former employer, educational institution, military service, police department, criminal justice agency, financial institution, credit bureau, department of motor vehicles, or other persons or organizations having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment.

I am willing to allow a photocopy or fax copy of this authorization to be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorized request. I understand this authorization is to be part of the written *Application for Employment Form* which I have signed.

I have been given a stand-alone notification that a consumer report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee.

I certify that all of the information provided on the *Application for Employment* and *Supplemental Applicant Information Forms* is true and complete. I understand that falsification, misrepresentation, or omission of any material fact may be cause for rejection of my application, or if hired, termination of my employment.

I authorize the investigation of all statements contained on my resume, the *Application for Employment Form*, the *Supplemental Application Information Form*, or furnished elsewhere, as may be necessary for the organization to arrive at an employment decision.

I hold harmless and release from all liability the employer and all organizations or individuals furnishing information regarding my employment or personal background that may be used in connection with this application for employment.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Print Applicant Name:	Social Security Number:	Date:
Applicant Signature:		
Employer Name Representative Signature:	Date:	