



## Disclosure and Release Form

As part of the application process for employment I understand that this Company and/or its agents may conduct an investigation of my personal information. The investigation might include, but is not limited to name and dates of previous/current employment, work experience, workers compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, PSP, and bankruptcy records. I understand that these records may be used for eligibility of my employment. I authorize, without reservation, the full release of these records.

In addition, I release and discharge this Company and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charge or complaints for the investigative process. I also authorize the full release of the information described above, without any reservations, throughout any duration of my employment at this Company.

I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination of employment.

### **Please print clearly**

Applicant's Name

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date of Birth: \_\_\_\_ mm / \_\_\_\_ dd / \_\_\_\_\_yyyy

Social Security Number: \_\_\_\_\_

Driver License number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Length of Residency: \_\_\_\_\_ years \_\_\_\_\_ Months