

# Secure Check Inc.

## AUTHORIZATION FOR RELEASE OF INFORMATION

Full Name:

\_\_\_\_\_  
*(Print name clearly and exactly as it appears on driver's license)*

AKA(s): \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street Address County City State

Length at current address: \_\_\_\_\_ (If less than 7 years please provide previous addresses)

Previous address (1): \_\_\_\_\_  
Street Address County City State

Length at previous address (1): \_\_\_\_\_ yrs \_\_\_\_\_ mo Length at previous address (2): \_\_\_\_\_ yrs \_\_\_\_\_ mo.

I certify that the answers given by me in the foregoing employment application are true and correct without consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I agree that the company shall not be liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me in this application. I agree to abide by company policy and rules.

I do hereby authorize **SECURE CHECK, INC.** and \_\_\_\_\_ to conduct a background investigation into the following areas of my personal and employment history: current and previous employment, education, credit, driving records, criminal and civil records, professional licensing, and general character including honesty.

I hereby authorize any person, agent, corporation, company, agency, or institution, to release any information, documents, or assessments they possess regarding me or my performance as an employee, student, associate, or acquaintance.

I release, and permanently hold harmless, **SECURE CHECK, INC.**, their agents and assigns, and \_\_\_\_\_ and their agents and assigns, from any and all demands and or liabilities that may originate from these investigations, or any demand or liability which may result from any physical examination, drug testing procedure, x-rays, or other medical screening procedures conducted by them or their agents, and any person, corporation, company, institution, or their agents who may act upon the authority of this release.

A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

Applicant Signature: \_\_\_\_\_

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