



P.O. Box 547 Lutz, FL 33548
Phone 800-757-0906 Fax 800-313-4401

Company Name
Applicant Release

In connection with my application for employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. Further, I understand that your company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, or copy form.

Applicant's Signature

Date

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly:

Print Full Name: _____ Sex: Male ___ Female ___

Print other names you have used: _____ Dates used: _____

Date of Birth (mm/dd/yy): _____ Social Security #: _____

Address _____ City _____ State _____ Zip _____

Current Drivers License #: _____ Issuing State: _____

Other Drivers License #s: _____ Issuing State: _____

(List last 7 years only)