

United States Homeland Investigations™

A Professional Corporation

APPLICANT RELEASE AUTHORIZATION

A. In connection with my application for employment, I hereby authorize **Paxton Van Lines, Inc.** and its designated agents and representatives to conduct a background investigation to obtain information relating to my character, work habits, performance, reason for termination of past employments and to verify the accuracy of the information which I have provided on my employment application, release and/or resume.

B. I understand the scope of the investigation may include, but will not be limited to the following: Character References, Consumer Credit History (in compliance with the Fair Credit Reporting Act), Criminal Records, Civil Court Records, Current and Past Residence Verifications, Academic Verifications, Employment History, and License Verifications. I permit the acquisition of a driving record or abstract by United States Homeland Investigations and their authorized representatives. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

C. I authorize, without reservation, any law enforcement agency, business, individual, school, employer, information service bureau or public agency to release any and all information, verbal or written, pertaining to me.

D. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for federal, state and county agencies.

E. Minnesota, Oklahoma and California applicants only: If you want a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address below.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes. I hereby release the employer, agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

This authorization shall be valid for the term of my affiliation with **Paxton Van Lines, Inc.**

PLEASE CLEARLY TYPE OR PRINT THE FOLLOWING INFORMATION:

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

Aliases/Former/Maiden Names: _____

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

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

Date of Birth: _____ Social Security Number: _____

Driver's License #: _____ State of Issue: _____

Can current employer be contacted? Yes No

Can current supervisor be contacted? Yes No

Have you ever been convicted of a felony or misdemeanor offense? Yes No

If yes, what date and in what city/state? _____

Printed Name: _____ Signature: _____

Today's Date: _____

This document contains confidential company information that is legally privileged or otherwise protected from disclosure.
THIS PAGE CONTAINS SENSITIVE INFORMATION. PLEASE KEEP IN SECURE FILES, SEPARATE FROM PERSONNEL RECORDS.

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