

AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT

In association with my application for employment, I hereby authorize Employment Screening Professionals, LLC, and their agents to make inquires, either by written or electronic communication, telephone or in person pertaining to my background, including, but not limited to, employment, education, consumer credit history, military service, driving record, criminal record, and all pertinent public records. I, hereby authorize all persons who may have information relevant to this investigation/verification to disclose or release said information. I further release from any and all liability all individuals, entities, or other agencies releasing such information.

I further release ESP, and its agents from any and all liability and responsibility, damages and or claims of any kind whatsoever, arising from the disclosure of my background. I specifically waive any confidentiality relationship of privacy position which may exist between ESP, and hold harmless ESP, and their agents, from any and all responsibility and liability which may arise as a result of this disclosure.

Signature: _____

Date: _____

DO NOT PROCEED WITH THIS SECTION OF THE APPLICATION UNTIL YOU HAVE FIRST READ AND SIGNED THE RELEASE AUTHORIZATION

VITAL INFORMATION

Last Name:	First Name:	Middle:
Social Security Number:		DOB:
Current Address:		Apt#:
City:	State:	Zip:
Previous Address:		Apt#:
City:	State:	Zip:

PLEASE LIST ADDITIONAL STATES OF RESIDENCE

State:	City:	County:
State:	City:	County:

OTHER THAN A TRAFFIC VIOLATION, HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE?

YES NO

If so, please provide a brief description below:

State:	Court/Location:
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FOR CLIENT USE ONLY:

RUSH SERVICE

Date:	Client:	Requested By:
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Notes: _____



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