



## Employment Information Release

---

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Social Security Number: \_\_\_\_\_ D/L \_\_\_\_\_

Date of Birth \_\_\_\_\_ Born (State or Country) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify the facts in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for disqualification.

Furthermore, I authorize investigation of all statements contained herein and the employer listed above to give you any and all information concerning my employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

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

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

---