This document is required to be a separate form and may not be made a part or attached to the Employment Application.

Background Information and Release Authorization

I authorize		ction process. Thi	s information in pa	
I authorize and consent, without reservation to the retrieval of information that may include but is not limited to employers to include wages, educational institutions to include release of grade point averages, organizations, government agencies, credit reporting agencies, federal, state or county level agencies, insurance sources, driving and criminal history.				
According to the Fair Credit Reporting information obtained by my prospect I will be advised and provided with the second control of	tive employer from a con-	sumer-reporting ag	gency. I understan	
My signature below indicates my au investigative consumer report about I further understand that I am entitle by checking the appropriate box bel	me from a consumer-rep d to a copy of my consun	orting agency.	•	
Are you applying for employment in Would you like a copy of the consum			YesN	
* Minnesota and Oklahoma residents are entitled to a free copy of their report.				
Notice to California Applicants: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by RHR Information Services, Inc. (RHRIS) during normal business hours. You may also obtain a copy of this file upon submitting proper identification by appearing at RHRIS in person or by mail. Mail requests should be directed to RHR Information Services, Inc., 701 5th Street South, Hopkins, MN 55343. You may also receive a summary of the file by telephone at 1-888-389-4023/952-545-3953. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnished proper identification.				
I hereby certify that all of the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge. I understand that following my employment or the end of this selection process should any statements or answers be found to be false or information has been omitted, such false statements or omissions will be just cause for termination of my employment or our relationship.				
I further acknowledge that the facsir same authority as the original. I spe provide information based upon this exception of employment in Californ	ecifically waive any writter authorized request. If er	n notice from any p mployed by the abo	oresent or former e ove referenced em	employer who may aployer (with the
Date:	Signature:			
SSN:	Printed Name:			
Note: The following information is provided voluntarily and is not considered as part of your application. It will be used as identification purposes only in verifying information on your Employment Application.				
Street Address		City	State	Zip Code
Driver's License Number	State of License	Expires On	Date of Birth	Telephone
List any other cities and states in which you have lived during the previous 7 years.				
List any other Last Names you have used during the previous 7 years.				

February 2006