

AUTHORIZATION TO RELEASE INFORMATION

I, _____
Last Name First Name Full Middle Name

Current Address -Street/city/zip code Dates Lived Here

Addresses for the Past Five Years: (include city and state)

Date of Birth

Other Names Used (including maiden name) Years Used

Social Security Number Driver's License # State

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **Accent on Independence (AOI)** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **AOI** for identification purposes and for the release of information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **AOI** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby do _____do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

I have the right to make a request to **AOI**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **AOI** has previously furnished within the two year period preceding my request. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name Applicant Signature Date