

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

We truly welcome your application. We are proud that our success is the result of the quality and caliber of our employees. You are applying for a position of which acceptance will place you in a category of recognized professionals. In pursuit of that excellence, we require as a condition of employment that all applications consent to and authorization a pre-employment verification of the background information submitted on their application or resumes.

This release and authorization acknowledges that this company may conduct a verification of your education, previous employment, work history, military service, credit history, contact personal or business references, motor vehicle records and receive any criminal history record information pertaining to you which may be in the files of Federal, State or Local Criminal Agencies in any State and/or other information as deemed necessary to fulfill the job requirements.

I have read and understand this release and consent and I authorize the background verification. I authorize persons, schools, current and former employers, credit reporting agencies, military agencies to release any information from any and all claims and damages connected with the release of any requested information. I also do hereby agree to forever release and discharge the Company, their agent Employers Reference Source and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information.

In conformance with the Americans with Disability Act, I acknowledge by my signature that I have been offered a position contingent upon a satisfactory background investigation. This position is offered to me by:

United Community & Family Services, 34 East Town Street, Norwich, CT 06360-2326

Therefore, I authorize the release of worker's compensation information from the Department of Labor and/or the Worker's Compensation Commission.

Company Representative (Type/Print) _____ Date: _____
Company Representative's Signature

Applicants Signature Date: _____

According to the Federal Fair Credit Reporting Act, I am entitled to know if employment is denied based on information obtained from Employers Reference Source and to receive upon written request a copy of the consumer report.

I agree that a copy of this document is as valid as the original.

APPLICANT:

Name Typed or Printed SS# _____

Signature Date of Birth: _____

Have you used any other last name? YES / NO Drivers License #: _____

If yes, what name did you use? State Issued: _____

College: _____