





U.S. Military Branch of Service

Rank

Start Date

End Date

Were you honorably discharged?    Yes    No

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**References**

Name

Phone Number

# of years known

Relationship to you

Name

Phone Number

# of years known

Relationship to you

Name

Phone Number

# of years known

Relationship to you

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

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

I also understand and agree that no representative of the company has any authority to enter into any agreement for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

In connection with my application for employment, I understand that an investigative consumer report may be requested that will included information as to my character, work habits, performances, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, criminal record, education, credentials, credit, and references. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application may be cause for rejection or may be cause for subsequent dismissal if I am

hired. Medical and workers' compensation will only be requested in compliance with the federal Americans with Disabilities Act (ADA). According to the Fair Credit Reporting Act (FCRA), I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and give the name and address of the agency or the source which provided the information.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers employees and agents to release any and all information concerning my former employment to you or your agent. I understand that the employment information may included, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letter or reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from an and all claims, liability, demands, causes of actions, damages or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.

I hereby authorize you to procure a consumer report as part of the pre-employment background investigation. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to procure consumer reports at any time during my employment period.

Electronic Signature

Date

