



RELEASE AUTHORIZATION

Customer Name _____

Applicant to complete the following

1. In connection with my application for employment, I understand that a consumer or an investigative report may be requested that will include information as to my character, work habits, performance, 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, court record, education, credentials, credit, and references.
2. Medical and worker's compensation information will only be requested in compliance with the Federal American with Disabilities Act (ADA) and /or any other applicable state laws. According to the Fair Credit Reporting Act, 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 given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including Minnesota Department of Labor.
4. Minnesota and California applicants only. If you want a copy of the report(s) ordered, check this box The report(s) will be sent by the reporting agency to you at the address below.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information services bureau, school, employer, reference or insurance company contacted by DDI, Inc or its agent, to furnish the information described in section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Please print your full name

Please print other names you have used

Home Address

City

State

Zip Code

Social Security Number

Date of Birth

The following states require sex and race to obtain information AL, AR, FL, GA, IA, IL, IN, OR, TX, WI

Male Female

Asian Black Hispanic White Other

Driver License Number

State Issuing License

Name as it appears on license

Signature

Today's Date

If Required Notarize here

When using an
Embossed seal,
Please shade with
a pencil before
faxing.

Subscribed and sworn before me:

Name

Date

Notary of Public

My commission expires