

AUTHORIZATION TO RELEASE INFORMATION

Fairmont Private Schools

APPLICANT INFORMATION (Please print or type clearly)

Legal Last Name	Legal First Name & Middle Name	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Current Billing Street Address			Lived Here Since	
City	State	Zip Code	Home Phone with Area Code	
Social Security Number	Driver's License Number		State Where License was Issued	

Addresses for the past seven years: (Include street, city, state, zip code)

_____	Dates of Residence	_____
_____	Dates of Residence	_____
_____	Dates of Residence	_____

APPLICANT AGREEMENT

I, _____ 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 IntelliCorp Records, Inc 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 IntelliCorp Records, Inc for identification purposes and for the release 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 IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

Please check below:

I hereby do _____ do not _____ authorize you to contact my current employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to IntelliCorp Records, Inc, 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 IntelliCorp Records, Inc 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.

Print Name: _____ E-mail: _____

Applicant Signature: _____ Date: ____/____/____

Please check the box if you would like to request a copy of your Consumer Report or Investigative Consumer Report. This report may include character and reputation information obtained through personal interviews.

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.