

1000 N. Main St.
Akron, OH 44310
330.374.9133

Authorization to Release Information for Employment

I, _____ have applied for employment
with Professional Placement Services on this day of _____, 20 _____.

I authorize the release of any and all information to **PPS** (agent acting on behalf of the above company/person) relating to the following:

Drug Screening
Previous Employment
Educational Records
Professional Licenses
Court Records
Driving Records
Consumer Information
Workers' Compensation
Military Records
Credit Report
Civil/Criminal Records
Social Security Registration
References
Vehicle Registration

I release and hold harmless any and all persons; institutions; corporations; governmental agencies; **PPS**, its officers, executives and employees, individually and their corporate capacities; and the company stated above from any and all liability that may arise from researching my background.

Name _____

(Please print)

Signature _____

Witnessed By: _____

(Company representative)

Date of Birth _____ Social Security Number _____

Address, City, State, Zip _____

Drivers License Number _____ Issuing State _____