

AUTHORIZATION FORM

I hereby authorize **Diogenes LLC** et al (its subsidiaries, affiliates, employees and agents) to make inquiry of and request information from, but not limited to, any individuals, present and former employers, schools and colleges, credit bureaus, medical information bureaus, criminal investigation bureaus, courts, local, state and/or federal agencies, and any other entities that may possess information concerning me or that may be custodians of records relating to me, including Worker's Compensation, Driver's History and Motor Vehicle Records.

I also authorize the above described sources to release all information requested, including civil and/or criminal records, salary data, performance reviews, training records, subjective evaluations and any other paperwork or record contained in a file maintained by the above described sources. I understand that the information contained in referenced files may contain derogatory information regarding me. I hereby release those sources from any liability arising from any information released that stems from this request.

I understand that my prospective employer intends to use the information obtained through the investigation for employment purposes only, and shall not disclose such information to any other party. I further understand my Worker's Compensation History (WCH) is for the purpose of making certain I am not assigned a job function that could aggravate a previous injury. WCH will only be researched after a conditional offer of employment has been extended to me, in compliance with The Americans with Disabilities Act (ADA). Furthermore, I agree to hold harmless **Diogenes LLC** et al for any and all actions of their client(s) that do not conform to any and all local, state, or federal laws, regulations, labor agreements, or other similar legal requirements.

I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report is conducted, I will be notified in writing within three days from request of said report. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

I give this authorization in connection with an application relating to employment. If I am hired, this authorization will become part of my employment record. It will remain in effect for the duration of my employment and may be used to update any and/or all information identified above at the discretion of my employer.

A facsimile, copy, or other reproduction of this release shall be considered to have the full authority and effect as an original signed document. Furthermore, for those agencies that require a "personal request" for record production; please consider this as my authorized written request for production of records.

Applicant's Signature: _____

Name: (please print): _____

Aliases/Maiden Name (if applicable): _____

Current Address: _____

Previous Address: _____

SSN: _____ - _____ - _____ DOB: ____ / ____ / ____

(NOTE): DOB is requested for identifying purposes in order to obtain accurate records. **Age is NOT a criterion for employment.**
Print this 8.5" x 11" form to your printer.

Fax completed form to the Screening Division at (702) 548-9566.