



Disclosure and Authorization Release Form

Please fax completed form to 630-566-0708 or email to background@testcountry.com

Prospective Employer: _____

Applicant's Full Name: _____
Last First Middle Suffix (Sr., Jr.)

Previous Name Used: _____
Last First Middle Suffix (Sr., Jr.)

Social Security Number: _____ - _____ - _____ **Date of Birth:** _____
(For Verification Only) Month Day Year

Driver's License State: _____ **Driver's License Number:** _____

Current Address: _____
Street Address (Apt.)
City State Zip Code
Phone Number Email Address

By signing below I authorize _____ and its agents to obtain a background screening Report on me as part of its pre-employment background investigation process for employment purposes. I understand that this report may include, but is not limited to records containing criminal (federal and/or state), general background information, and a national sex offender list search. If I am offered employment, I further authorize my employer to obtain additional reports on me for employment purposes at any time during my employment. I hereby release and discharge _____, its affiliates, and its agents from any liabilities, expenses, losses, damages for this investigative process to include the accuracy or timeliness of information obtained from other sources.

I freely and voluntarily agree to submit to a drug screen as part of my application for employment. I understand that either refusal to submit to the drug screen or failure to qualify according to the minimum standards established for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment, I may again be required to submit to a drug screen. I understand that refusal to take a requested drug screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

I certify that the information provided is true and complete. Any false statement on this form, the application, and/or on my resume shall be considered sufficient cause for termination at any time.

Signature: _____ **Date:** _____