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| <b>Company:</b> _____<br><b>Phone:</b> _____ |
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**RELEASE AUTHORIZATION**

In connection with my application for employment and/or continued employment and/or contract employment with you, I understand that an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my criminal history from various states, private and insurance sources along with other public records available.

I HERBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY ORCA INFORMATION, INC TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including Minnesota's Department of Labor. 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 so advised and be given the name of the agency or source of information.

Today's Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

**The following must be filled out completely for your application to be considered. (Please print).**

|                             |  |    |               |        |     |                            |           |
|-----------------------------|--|----|---------------|--------|-----|----------------------------|-----------|
| Last Name                   | First Name   | MI | Date of Birth | Race   | Sex | Social Security #          |           |
| Place of Birth (City/State) | Current Address  |    | City          | State  | Zip | Driver's License # / State |           |
| Other Last Names Used       | Other States and Counties I have lived in as an adult... |    | State         | County | Zip | From (year)                | To (year) |
|                             |  | 1  |               |        |     |                            |           |
|                             |  | 2  |               |        |     |                            |           |
|                             |  | 3  |               |        |     |                            |           |
|                             |  | 4  |               |        |     |                            |           |

**Have you ever been charged or convicted of a crime:**    Yes     No

**If yes, what State & County:** \_\_\_\_\_ **What was the nature of the crime? (give details):** \_\_\_\_\_

**\*The above information is to be used only for identification and investigative purposes.**

This information is being verified by ORCA Information, Inc. Any information or questions should be directed to the following address:

ORCA Information, Inc.  
 P.O. Box 277  
 Anacortes, WA 98221  
 Phone: (800) 341-0022  
 Fax: (800) 522-6722