

## Authorization to Release Background Information

I, the undersigned, do hereby authorize Advantage Technical Resourcing, or any representative designated by same, to contact any firm(s), organization(s), bank(s), governmental agency(s), person(s), police records and any credit reporting bureau for any and all information deemed necessary by Advantage Technical Resourcing, or its authorized representatives, in connection with my prospective assignment.

I, the undersigned, in connection with my application for employment with Advantage Technical Resourcing, do hereby authorize all corporations, companies, credit agencies, educational institutions, individual persons, law enforcement agencies, military services and former employers to release information in their files and records about me to Advantage Technical Resourcing or its authorized representatives. Also, I hereby authorize Advantage Technical Resourcing to release this information to any of its customers to which I may be assigned.

I hereby release and discharge Advantage Technical Resourcing, its agents, and all persons and organizations that may provide information regarding me in accordance with this authorization, of and from any liability arising out of such inquiries. I further agree that, should Advantage Technical Resourcing or its client(s) decide not to hire me or take some adverse employment action against me based wholly or in part on information obtained from a consumer report, Advantage Technical Resourcing or its agent will notify me of this fact and provide me with a copy of the specific consumer report relied upon along with a summary of my rights as required by federal and state law.

I acknowledge that a facsimile or copy of this release shall be as valid as the original. This release is valid for all persons and private entities and all federal, state, county and local agencies and authorities.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please complete this form and send the original to your Advantage Technical Resourcing representative. Make a photocopy if you wish to retain a copy for your records.