

## APPLICANT RELEASE AND AUTHORIZATION FORM

I HEREBY AUTHORIZE **UMCES'** DEPARTMENT OF HUMAN RESOURCES OR AUTHORIZED REPRESENTATIVES OF THE COMPANY BEARING THIS RELEASE TO OBTAIN ANY INFORMATION PERTAINING TO MY BACKGROUND, INCLUDING AN INVESTIGATIVE CONSUMER REPORT, TO INCLUDE ANY OF THE SEARCHES BELOW, INCLUDING THE RELEASE OF WORKER'S COMPENSATION RECORDS FOR EMPLOYMENT OR VOLUNTEER PURPOSES I HEREBY ACKNOWLEDGE THAT I HAVE READ AND SIGNED THE ATTACHED NOTICE AND ACKNOWLEDGEMENT REGARDING BACKGROUND INVESTIGATION.

APPLICANT SIGNATURE	
APPLICANT NAME (PRINTED):	
DATE	

APPLICANT INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
ALIAS INFORMATION		
FIRST NAME	MIDDLE NAME	LAST NAME
OTHER INFORMATION		
DATE OF BIRTH		
SOCIAL SECURITY NUMBER		
DRIVERS LICENSE NUMBER		
STATE OF ISSUE		
CURRENT ADDRESS		
STREET/CITY/STATE/ZIP CODE		
DATE FROM:	DATE TO:	

<b>PREVIOUS ADDRESS PLEASE PROVIDE 7 YEARS</b>			
STREET/CITY/STATE/ZIP CODE			
DATE FROM:		DATE TO:	
<b>CURRENT EMPLOYER</b>			
STREET/CITY/STATE/ZIP CODE			
POSITION	SUPERVISOR	TELEPHONE No.	DATES TO/FROM
<b>PREVIOUS EMPLOYER</b>			
STREET/CITY/STATE/ZIP CODE			
POSITION	SUPERVISOR	TELEPHONE No.	DATES TO/FROM
<b>EDUCATION/NAME</b>			
STREET/CITY/STATE/ZIP CODE			
MAJOR	MINOR	DEGREE TYPE	DEGREE DATE
DATE FROM:		DATE TO:	