

RELEASE AUTHORIZATION

Applicant Complete the Following

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested by StatGroup, LLC that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by StatGroup, LLC company policy and consistent with the job described, StatGroup, LLC may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. 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 notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor, and will remain in effect for 1 year from the date signed below
4. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered, let us know. The report(s) will be sent by the reporting agency to you at the address below
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by StatGroup, LLC., or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

 Please print your full name

 Please print other names you have used

 Home Address

City	State	Zip Code
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Social Security Number	Date of Birth
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The following states require sex and race to obtain information: AL, AR, FL, GA, IL, TN, OR, TX, WI.

Please circle one: Male Female

Please circle one: Asian Black Hispanic White Other

Drivers License Number	State Issuing License
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 Name as it appears on license

Signature -Under penalties of perjury, I swear that this is my signature	Today's Date
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Witness Signature	Today's Date
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Please Print- Witness Name State, Zip	Please Print- The Witness' Address Including Number, Street, City,
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