

Superior Employment Services
100 West Big Beaver Rd. Suite 200
Troy, MI 48084
Phone (248) 457-0059 Fax: 248-457-0188

Consent for Release of Information from current or Former Employer

Required under Act 451 of Public Acts 1976, Section 1230b, 1996

In connection with my application for employment through Superior employment services and pursuant to Section 1230b of the Revised Michigan Code of 1976 Act No 451 of the Public Acts of 1976, I, the undersigned, hereby authorize my current and/or former employer(s) to disclose to Superior Employment Services any unprofessional conduct by myself and to make available to Superior Employment Services any copies of all document in my personnel record maintained by my current and /or former employers relating to that unprofessional conduct.

I further release my current and/or former employer(s), and employees acting on behalf of the current or former employer(s) from any liability for providing the information described above, and I waive any written notice required under Section 6 of the Bullard-Plawecki employee right to know act, Act No. 397 of the public Acts of 1979, beginning section 423.506 of the Michigan Compiled Laws.

It is my understanding that any information obtained in the course of this investigation will be held strictly confidential by Superior Employment Services ad its agents. Information gathered will be used only for the purpose of evaluating my qualification for employment in the position for which I have applied.

I understand that Superior Employment Services cannot hire an applicant who does not sign this statement as described in Act 451 of Public Acts of 1975, section 1230b(1)

Date:_____Signature:_____Printed Name:_____

Social Security:_____Most Recent Employer_____

Mailing Address_____City_____State_____Zip_____

Contact Person:_____Telephone #:_____

To Be Completed by Former Employer

____ Yes, there has been unprofessional conduct. (Please enclose copies of any related personnel record or documents)

____ No, there has been no unprofessional conduct.

Name of Person Completing this Form

Position/Title

Authorized Signature

Date Signed

Return by mail to above address or fax to 248-457-0188
If you have any questions, please contact me at 248-457-0059

Sincerely,

Superior Employment Services