



RELEASE OF INFORMATION

POSITION APPLYING FOR: _____

The following information is necessary for the background investigation:

PLEASE PRINT ALL INFORMATION CAREFULLY

Print Full Name: _____
FIRST MIDDLE LAST

Date of Birth: ____/____/____ Social Security #: _____

Present Address: _____
STREET CITY STATE ZIP

DMV AND CRIMINAL INFORMATION:

List any previous names used: _____ Dates used: _____

List all counties and states in which you lived within the last TEN years, and the number of years there:

County: _____ State: _____ Years: _____

County: _____ State: _____ Years: _____

County: _____ State: _____ Years: _____

Current Driver's License Number: _____ State: _____ Expiration: _____

Other States Driver's Licenses held during the last TEN years:

License Number _____ State: _____ License Number: _____ State: _____

Have you ever been convicted of a felony? () No () Yes If Yes, list the counties and states of such conviction.

County: _____ State: _____ County: _____ State: _____

I understand that the information that I report on the employment application will be subject to verification by background investigation. F.A.R. Regulation # 107 requires that such a background check be conducted. I agree to allow, and cooperate with the investigation of my background. I also agree not to hold DND Electrical Contractors Inc., its employees or contractors liable in connection with the inquiries. I understand and agree that credit information, criminal history, worker's compensation, driving record, and other information may be obtained concerning me.

For the purpose of the background investigation I hereby authorize the release of any and all information about me from: previous employers, any government subdivision, holders of public records, law enforcement agencies, credit reporting entities and agencies, any public or private person who may have material information about me, and the companies, schools, and persons named in the DND Electrical Contractors Inc. Application. I further agree to release any such entity or individual from liability for damages in releasing the information. In the event, that the investigation reveals any information that I have hidden or failed to report as requested, I agree that those issues may be fully examined, and include the releases listed above in such inquiries.

Date: ____/____/____ Applicant Signature _____