

SecurVerify®

Employment Verification and Reference General Release

_____ [hereafter "Employer"]

Applicant Release, Hold Harmless Agreement, Consent, and Demand: As an employee or applicant for employment with the above-named organization (hereafter "EMPLOYER"), I authorize the EMPLOYER and its background screening provider (SecurTest, Inc.) to conduct a background investigation of my employment, personal or professional references, educational references, and driving record, further known as a Motor Vehicle Record check. SecurTest, Inc, the agent for the EMPLOYER, is authorized to conduct this background investigation, as if they were the EMPLOYER.

I hereby make a formal written demand that my current and all past employers, education institutions, and references contacted by the EMPLOYER or SecurTest **release all information about me pursuant to the requests** from SecurTest **and answer all questions** whether verbal or written.

I hereby indemnify my current employer, **all past or current** employers, organizations, institutions, companies, employers, or other parties contacted by SecurTest as part of the background investigation. I hereby release and forever hold each of these entities from all claims arising from this authorization, including but not limited to claims of slander, liable, defamation of character, privacy violations, or unauthorized release of either positive or negative information about me, except as provided by law. I hereby represent and warrant that I have read and fully understand this request and am signing of my own free will and in accordance with my own judgment. I further certify that I have had an opportunity to withdraw my employment application from the prospective employer or seek legal counsel before entering into this agreement. A FAX, SCANNED, OR EMAIL COPY MAY BE USED AS A TRUE AND CORRECT COPY OF THIS CONSENT AND RELEASE. AN ELECTRONIC SIGNATURE IS CONSIDERED AS AN ORIGINAL SIGNATURE.

NOTICE TO REFERENCE: Many states provide statutory immunity for providing a reference. As such, the applicant/employee hereby makes a formal demand that you release all requested information.

Applicant's Signature

Date

Printed Name

Social Security Number

Date of Birth

In accordance with the requirements of this background screening and the authorization signed above, SecurTest shall verify your professional references and highest educational degree earned. In order to facilitate this process, please complete the information below. **YOU MUST RESEARCH THE INFORMATION AND ANSWER EACH QUESTION.**

PLEASE PRINT OR TYPE

Education Verification:

Institution Name: _____

Campus Location: _____

Attendance Dates: _____

Degree/Diploma: _____

Major(s): _____

Date Graduated: _____

Grades/GPA: _____

CONTACT INFORMATION FOR INSTITUTION OR SCHOOL

Phone Number: _____

City/State: _____

Email Address: _____

Phone #: _____

Fax #: _____

Name Used While Attending (LFM): _____