RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested 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 company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

- II. 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.
- III. 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.
- IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by the Wapello County Sheriff's Office or its agent, to furnish the information described in Section I.

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 persons, 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 abovementioned information or reports.

Please print your full name	LAST		FIRST	MIDDLE	
Please print other names you	have used				
Home Address					
City			State	Zip Code	
Social Security Number			Date of Birth		
Driver's License Number	N	ame as it appears o	on license		State Issuing License
Signature	т	oday's Date			
IF REQUIRED, NOTA When using an embossed seal	RIZE HERE , please shade with a pencil before fax	ting.	Subscribed and sworn before me:		
			Name		
			Date		
			Notary Public	My comm	ission expires