

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 workers' 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.

IV. Under Maryland law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to fines.

V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Hired Help, Inc. 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 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 above mentioned information or reports.

Please print your full name above LAST FIRST MIDDLE

Please print other names you have used including all maiden names used

Home Address

City State Zip Code

Social Security Number

Date of Birth (MM/DD/YEAR)

Sex: Male Female Race: Asian Black Hispanic White Other

Driver's License Number

State Issuing License

Name as it appears on license

Signature

Today's Date

EMPLOYER MUST COMPLETE THE FOLLOWING BEFORE FAXING TO HIRED HELP 410-418-8041

CUSTOMER NUMBER: _____

YOUR NAME

COMPANY NAME

E-MAIL ADDRESS

FAX NUMBER

PHONE NUMBER

SEND REPORTS VIA Email (default) Fax

REPORTS REQUESTED:

- Federal Court Report
- Standard Civil Court Report > give city and state if not MD
- Extended Civil Court Report
- Standard Criminal Court Report > give city and state if not MD
- Extended Criminal Court Report
- Driving Record
- Education/Credential Confirmation (education history required)
- Name/Address Link
- Previous Employer Verification (work history, phone # required)
- Worker's Compensation History (give states if not MD)

USE THIS SPACE FOR ADDITIONAL INFORMATION IF NEEDED

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!