

TraylorPro LLC

Authorization to Release Information Form

To be completed by Applicant/Employee

I understand employment with TraylorPro LLC is of a nature that requires background checks for the purpose of evaluating me for employment. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification, release or dismissal.

APPLICANT INFORMATION:

Print Name: Last First Middle

Address: Street Name & Number City State ZIP Code

How long at above address

Date of Birth Social Security #

Home Phone Business Phone

Other Names You Have Used: _____

SINCE YOUR 18TH BIRTHDAY, HAVE YOU BEEN CONVICTED OF A FELONY OR FELONY-REDUCED-TO MISDEMEANOR CONVICTION BY ANY COURT? YOU MAY OMIT CONVICTION OF A MISDEMEANOR WHILE UNDER AGE 18 IF THE RECORD WAS SEALED OR ANY MINOR TRAFFIC VIOLATIONS. YES NO

If yes, please indicate date, location and explanation:

Complete driver's license information only if this position requires that you drive a motor vehicle.

Driver's License Information:

Driver's License Number State of Issue Expiration Date

You must fill both pages and FAX a copy back to us at 225-709-0701

TraylorPro LLC

I hereby authorize TraylorPro LLC to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Credit History including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Professional License, and other entities including my present and past employers.

I further release and discharge TraylorPro LLC from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I hereby certify that all statements on this application are true and correct to the best of my knowledge and belief.

APPLICANT/EMPLOYEE SIGNATURE

DATE

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