

## APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give the above referenced organization and EMPLOYEE RELATIONS, INC. the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record, and I release from all liability all persons, companies, schools, and corporations supplying such information. To the extent permitted by law, I indemnify you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report, or other information, regarding me and may consult certain files which are available. I understand that, to the extent required by law, EMPLOYEE RELATIONS, INC. will retain the results of this investigation and a copy of my application for employment. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that my previous employers may be contacted and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, to the extent permitted by law, I hereby fully waive any rights or claims I have, or may have, against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

If applicable, I understand that as a condition of hire I must consent to the release of the results of all Department Of Transportation (D.O.T.) mandated drug and/or alcohol information from all of the employers for which I worked in a D.O.T. safety-sensitive position, or for which I took a D.O.T. pre-employment drug test, during the previous two (2) years, prior to being considered for employment or hired by the above organization.

☐ CHECK THIS BOX IF YOU HAVE NOT PERFORMED D.O.T. FUNCTIONS IN THE PAST TWO YEARS.

☐ CHECK THIS BOX IF YOU HAVE TESTED POSITIVE, OR REFUSED TO TEST, ON ANY D.O.T. PRE-EMPLOYMENT DRUG OR ALCOHOL TEST FOR AN EMPLOYER WHO DID NOT HIRE YOU DURING THE PAST TWO YEARS.

Should an investigative consumer report be obtained from Employee Relations, Inc. in connection with my application for employment, I understand that I have the right to receive a copy of my report, free of charge, by checking the box below.

☐ PLEASE PROVIDE ME A COPY OF ANY REPORT GENERATED AS A RESULT OF THIS APPLICATION

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information, and my driving record.

I have read and fully understand this authorization to release my previous drug and alcohol test information. By signing below, I certify that all of the information I have furnished on this form is true and complete and, if applicable, that I have accurately identified all of the employers for which I have worked in a D.O.T. safety-sensitive position during the previous two years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

APPLICANT NAME (PRINT): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S SIGNATURE

**Date of Birth:** \_\_\_\_\_

DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION. IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.