Online Peace of Mind

ATLAS RISK MANAGEMENT, LLC

AtlasBackground.com

Authorization to Release Records - Employee

I understand and agree that the information supplied was submitted by myself and all information is true and correct to the best of my knowledge. I understand that false or misleading information given in my application and/or interviews will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand the information supplied by me regarding my Employment History, Education (including authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Records(s), Residence History, and References will be utilized as part of the processing procedure. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information about my character, general reputation, person characteristics, and mode of living. I will hold no persons liable for giving or receiving information in this investigation.

I hereby authorize Atlas Risk Management, LLC, an agent of _____, to make a thorough check of my past employment, credit, education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify _____ and Atlas Risk Management, LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

Employee/Applicant				
Last Name	First Name	Middle	Social Security Number	/ / Date of Birth
Other Names (i.e. maiden, etc)			Driver's License	State

Address/History				
Street Address	City	State	Zip	How Long?
Street Address	City	State	Zip	How Long?

Employment				
Name	City	State	Zip	How Long?
Name	City	State	Zip	How Long?
Name	City	State	Zip	How Long?

Signature *Printed Name* *Date Signed*

Atlas Risk Management, LLC
407 S. Pennsylvania Avenue * Joplin, MO 64801 * (417) 206-2228 * (800) 645-1211 * Fax (314) 584-2159
www.atlasbackground.com