

**Fax to Intellicorp at 216-450-5247
Authorization and Release of Information**

I _____, understand and agree that background inquiries may be performed that will seek information as to my character, work habits, and reasons for termination of past employment. Furthermore, I understand and agree that information may be obtained from various federal, state and local agencies concerning my past activities relating to my driving record, criminal record, previous employment, education and other aspects of my background that may be relevant to an employment decision. I authorize Intellicorp, its employees and its agents to complete a pre-employment background check on behalf of the potential employer, _____.
Revised

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities, as well as for prior employers.

Applicant Information:

The following is my complete and legal name and all information provided below is true and correct to the best of my knowledge:

Last Name	First Name	Middle Name	Date of Birth
Previous Last Name(s) (if applicable)	Social Security Number	Driver's License Number/State	
Present Address Number & Street	City or Town	State	
Previous Address Number & Street	City or Town	State	

Potential Employer Information:

Company Name and Address:
Contact (Requestor) Name:
Telephone Number:
E-mail:

Applicant Signature: _____ **Date:** _____

Employer: Retain the original copy of this document in your files