



# Griffin Personnel Group

Human Resources & Labor Relations Consulting

[St. Louis Area Regional REALTOR Electronic Lockbox System]

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

- I. In connection with my application for employment, I understand that a thorough background check may be requested, involving information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I further understand information may be requested from public and private sources about my: worker's compensation injuries, driving record, criminal record, education, previous employment, salary history, credit history and any civil filings and/or bankruptcies. These reports may be obtained, if I am hired, throughout the period of my 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.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. **Minnesota & Oklahoma** applicants only. If you would like a copy of the report(s) ordered, check this box . The report(s) will be sent by the reporting agency to you at the address listed on this form.
- V. **California** applicants only. If you would like a copy of the report(s) ordered, check this box . A copy of your credit report may be obtained during the course of this investigation. If your credit information is obtained and you would like a copy of that report, check this box . All information will be sent by the reporting agency to you at the address listed on this form.
- VI. I hereby authorize without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by GPG to furnish the information described in Section I.
- VII. **New York, Massachusetts, New Jersey, Minnesota, Washington and Maine applicants.** I understand that Griffin Personnel Group may be requested to provide a consumer report to my potential employer and that I may inspect or

request a copy of that report at the address shown on this form. Washington applicants may also request a summary of your rights under the Washington Fair Credit Reporting Act.

**I understand that upon my written request to the address listed at the bottom of this page, GPG will provide a copy of my report and a Summary of Rights under the Fair Credit Reporting Act.**

## RELEASE INFORMATION APPLICANT COMPLETE THE FOLLOWING

_____		
Today's Date		
_____		
Signature		
_____		
Please print your full name		
The following information is required by law enforcement agencies and other entities for positive identification purposes when checking records. It is confidential and will not be used for any other purposes.		
_____		
Please print other last names you have used		
_____		
Home address		
_____		
City	State	Zip
_____	_____	_____
Social Security Number		
_____		
Date of Birth		
_____		
Drivers License Number		
_____		
Name as it appears on license		
_____		
State issuing License		
_____		
Sex:	<input type="checkbox"/> M	<input type="checkbox"/> F
_____		