



Authorization to Release Records

1. **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, resume and/or interview(s) will be considered as cause for possible dismal and/or discharge. I also understand that I am to abide by all rules and regulations of PINNACLE STAFFING SOLUTIONS, INC. AND THEIR CLIENTS.
2. **PINNACLE STAFFING SOLUTIONS has my authorization** to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History and References, will be utilized as part of the processing procedures.
3. **PINNACLE STAFFING SOLUTIONS has my authorization** to release these records to potential PINNACLE STAFFING SOLUTIONS INC, CLIENTS who may need my services. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.
4. **I HEREBY** authorize PINNACLE STAFFING SOLUTIONS, INC to engage THIRD-PARTY BACKGROUND CREDENTIALLING COMPANIES as needed to make a thorough check of my past employment, education, and other activities as mentioned above. I release from liability all persons, companies, and corporations for supplying that information.
5. **I RELEASE** and indemnify PINNACLE STAFFING SOLUTIONS, INC and any THIRD-PARTY BACKGROUND CREDENTIALLING COMPANIES against any liability that might result from making such background checks.
6. **A copy of this form is as valid at the original.**

APPLICANT

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>SSN</i>	<i>Date of Birth (MM/DD/YYYY)</i>
<i>Other Name(S) Maiden/Married</i>		<i>Driver's License Number</i>		<i>State</i>

LAST 7 YEARS OF RESIDENCE

<i>Address</i>	<i>Apt</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>	<i>How Long</i>

HIGHEST LEVEL OF EDUCATION

<i>Level (HS, AA, BS, etc..)</i>	<i>School Name</i>	<i>Location (City, State)</i>	<i>Dates Attended/Graduated</i>

CONTACT INFORMATION

<i>Email</i>	<i>Phone</i>	<i>Zip code for Drug Screen</i>
<i>Name (Printed)</i>	<i>Signature</i>	<i>Date</i>