Authorization For Release Of Information and Waiver Agreement



As an applicant for employment with XXX, I hereby authorize the XXX or any of its representatives to thoroughly investigate my background, including employment, criminal, civil, and credit as it relates directly to the position for which I am applying. I understand this investigation is in the interest of protecting XXX and its employment practices, and that all relevant information concerning my personal and employment history will be disclosed in confidence to XXX.

A representative of XXX bearing this release is authorized to obtain information in files pertaining to my employment, criminal, civil, and credit history, and I authorize any recipient of this release to make full disclosure of those files, whether public or private.

I hereby release XXX and any agency or other party providing information to XXX as a result of this background investigation, from all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any local, state, or federal laws. If hired, I release the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind: from me, my heirs, family, or associates because of good faith compliance with this authorization.

A photocopy or facsimile copy of this authorization will be valid as the original form, which contains my actual signature. This authorization and waiver is valid for a period of one year from the date signed, unless I obtain XXX employment, in which case it shall be valid for the length of my employment. I understand XXX may conduct periodic searches of driver’s license records, criminal, civil, and credit history as it pertains directly to my employment.

I agree to indemnify and hold harmless the person to whom this request and authorization is presented, including the agency/company, from and against all claims, damages, losses and expenses, including reasonable attorneys fees, arising out of or by reason of complying with this request.

Applicant Name (please print): _____

_____ _____/_____/_____

Signature Date