

Release Authorization

Oregon Armored Service, Inc. Phone (503) 289-8478 Fax (503) 289-2502

In conjunction with my application for employment (including contract for services, if applicable), and as a consideration of continued employment I understand that investigative inquiries will be performed that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, the above named company or their agent will be requesting information from public and private sources about my WORKERS' Compensation injuries, driving record, criminal record (at the county, state, or federal level), credit record, education, occupational licenses, previous employment and any other necessary information.

I hereby authorize, without any reservation and as a condition of my employment, any party or agency contacted by this employer or their agent to furnish the above listed information, and to release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization shall be valid in its original, faxed or copied form. I further authorize on-going procurement of the above-mentioned information at any time during my employment (or contract).

Please Print all Information Clearly

This information is required by law enforcement officials **for identification purposes only**. It is confidential and will not be used for any other purposes.

Last Name: _____ First Name: _____ M/I: _____

Other or Former Names: _____

Social Security No: _____ Date of Birth: _____

Current Address: _____

City, State, Zip: _____ How Long There?: _____

List addresses for last 10 years (Street, City, and State):

Drivers License No: _____ State of Issue: _____

Professional License No: _____ Type: _____ State: _____

Gender: Male Female Race: Asian Black White Hispanic Indian Other _____

Applicant Signature

Date

Credit Submitted: _____ Date Background Submitted: _____

OAS Branch: _____