

# Background Release Authorization

Please complete the following:

- I. In connection with my application for employment, I understand that a consumer background report or an investigative consumer report may be requested 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, you may be requesting information from public and private sources about my worker's compensation injuries, driving record, court records, education, credentials, credit and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during 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. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephone 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 Dept of Labor.
- IV. Minnesota, Oklahoma and California applicants only: if you want a copy of the report ordered, check this box
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Lazer Spot, Inc or its agent, to furnish the information described in Section 1.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Lazer Spot, Inc. This release is in accordance with DOT Regulation 49 CFR part 40, Section 40.25. I understand that information to be release by my previous employer, is limited to the following DOT regulated items: alcohol tests with a result of .004 or higher, verified drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposed when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

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LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN/OTHER NAMES USED
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HOME ADDRESS

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CITY	STATE	ZIP	SOCIAL SECURITY NUMBER *	DATE OF BIRTH*
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The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL IN, MI, OR, SC, TX, WI

SEX:     MALE      FEMALE

RACE:    ASIAN     BLACK     HISPANIC     WHITE     OTHER

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DRIVER'S LICENSE NUMBER	ISSUING STATE	NAME AS IT APPEARS ON LICENSE
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SIGNATURE	TODAYS DATE
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