



Authorization to Release Information for Employment

I, _____, have applied for employment
(print full name)
with Professional Placement Services on this day of _____, 20____.
(Month/Day) *(year)*

I authorize the release of any and all information to **PPS and/or PPS's hiring companies** (agent acting on behalf of the above company/person) relating to the following:

- Drug Screening**
- Previous Employment**
- Educational Records**
- Professional Licenses**
- Court Records**
- Driving Records**
- Workers' Compensation**
- Military Records**
- Employment Credit**
- Civil/Criminal Records**
- Social Security Registration**
- Medical**
- References**

I release and hold harmless any and all persons; institutions; corporations, companies; LLC's; governmental agencies; **PPS**, its officers, executives and employees, individually and their corporate capacities; and the company stated above from any and all liability that may arise from researching my background.

PLEASE WRITE LEGIBLY AND COMPLETE ALL PARTS OF THE FORM

First Name: _____ MI: _____ Last Name: _____
(Please print)

Signature: _____
(Please sign)

Witnessed By: _____
(Company representative)

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Home Address: _____ City: _____ State: _____ Zip: _____

Driver License Number: _____ Issuing State: _____

34200 Solon Road,
Solon, Ohio 44139
Ph: (440) 914-0090
Fax: (440) 914-0109

1000 N. Main St.,
Akron, OH 44310
Ph: (330) 374-9133
Fax: (330) 374-9144

6406 Stumph Road,
Parma Hts., Ohio 44130
Ph: (440) 842-7133
Fax: (440) 842-7143

8789 Tyler Blvd.,
Mentor, OH 44060
Ph: (440) 701-1080
Fax: (440) 974-6627