

**AUTHORIZATION TO RELEASE INFORMATION – APPALACHIAN WOOD PRODUCTS, INC.**

I, \_\_\_\_\_ in connection with my application for employment, I understand that a thorough check of my background may be conducted. I understand that the background check may include investigation regarding my criminal conviction records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. I understand that my potential employer and its agent(s) Employment Screening Associates “ESA” will be requesting information from a variety of public, private, and commercial sources. I further understand that if employed, Appalachian Wood Products, Inc. may from time to time request that a background check in the manner described above be conducted when it believes that circumstances warrant investigation.

I hereby authorize without reservation, any party or agency contacted in the course of an employment background check to release any and all pertinent information concerning me.

Subject to the provisions of the Federal Fair Credit Reporting Act and any applicable state law, I do hereby release any such person, business, corporation organization, agency or institution from all liability regarding the release of any and all appropriate and correct information concerning me. I also release Appalachian Wood Products, Inc., its officers, employees, agents and contractors from any liability in connection with the gathering of this information. I understand that all information collected will be handled as confidential and will be used for the sole purpose of determining eligibility for employment or placement. I have the right to make a request of ESA upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Maiden Name or Other Names Used: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Drivers License # \_\_\_\_\_ Issuing State: \_\_\_\_\_

Addresses for the past seven (7) years (include street, city and zip code)	Dates of Residence
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____