

**AUTHORIZATION/RELEASE STATEMENT**

In connection with my application for employment, I hereby authorize Miller & Chevalier Chartered and its designated agents and representatives, to conduct a background investigation to procure information relating to my character, fitness, reputation and to verify the accuracy of the information that I have provided on my employment application and/or resume.

I understand the scope of the investigation may include, but will not be limited to the following: Character References, Credit History, Criminal Arrest Record, Driving Record, Current and Past Residence Verifications, Education Verifications, Employment History, and License Verifications.

I authorize any business, individual, school or public agency to release any and all information, verbal or written, pertaining to me. I also hereby release the above entities from any and all liability for damages of any kind, regarding their release of any information relating to my past.

This authorization, in original or copy form, shall be valid for this and any future background investigation that be deemed necessary.

Have you been known by any other name(s)?

Yes       No      If yes, please provide names:

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**Please Print**

Name:              \_\_\_\_\_  
  First    Middle    Last

Aliases/Former/Maiden Names: \_\_\_\_\_

Current Address Since:              \_\_\_\_\_  
  Mo/Yr                                      Street                                      City                                      State                                      Zip

Prev. Address From:              \_\_\_\_\_  
  Mo/Yr                                      Street                                      City                                      State                                      Zip

Prev. Address From:              \_\_\_\_\_  
  Mo/Yr                                      Street                                      City                                      State                                      Zip

Date of Birth:              \_\_\_\_\_              Social Security Number: \_\_\_\_\_  
                                    Mo      Day      Year

Driver's License #:              \_\_\_\_\_              State of Issue: \_\_\_\_\_

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

Date: \_\_\_\_\_

**Any intentional falsification of data requested will be cause  
for rejection of employment or dismissal after employment.**

Above information is requested solely to compare with any data uncovered during this background check/pre-employment screening investigation for employment purposes.