

# APPLICANT INFORMATION & AUTHORIZATION

Must be fully completed and signed  
Please print clearly

Name: \_\_\_\_\_  
Last First MI Maiden/Other  
City/State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
City/State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
City/State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
SS#: \_\_\_\_\_ \*DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

\*Note: Age is not a criterion in any decision. It is used for identification purposes ONLY.

## EDUCATION VERIFICATION

Last School Attended: \_\_\_\_\_ Degree Earned: \_\_\_\_\_  
Location (City/State): \_\_\_\_\_ Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

## EMPLOYMENT HISTORY

Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_  
City/State: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_  
City/State: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_ Job Title: \_\_\_\_\_  
City/State: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

.....  
I hereby authorize the release to Androcles, Inc., an independent contract agency, of information held by any parties regarding previous employment, my criminal history record and/or record of convictions in state and local files for violation of any federal, state, local statutes or ordinances, military records, my credit history, worker's compensation history, driving records and scholastic records and I hereby release said persons, schools, companies, government agencies, court and law enforcement authorities from damage whatsoever for releasing this information. I further understand this information may be revised periodically by Androcles, Inc. and reported to my prospective employer.

I hereby acknowledge that Androcles, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Androcles, Inc., its agencies and/or my prospective employer from any and all liability arising out of errors or omissions regarding my background information and I authorize Androcles, Inc. to release any and all information to my prospective employer.

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

## To be Completed by Employer

\_\_\_ Criminal History \_\_\_ Credit History \_\_\_ MVR \_\_\_ SS# Trace \_\_\_ Package  
\_\_\_ Employment History \_\_\_ Worker's Comp \_\_\_ Education Verification \_\_\_ Federal Criminal History