

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

Lockhart Management & Consulting, LLC requires, as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed any false statements will be considered as cause for dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed, conduct a verification of my education, employment history, credit history, motor vehicle records, contact personal references, require that I be tested for the presence of drugs or alcohol by any means, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements.

I authorize Corelogic, First Advantage, Borgess Ascension Health, Mercy Health, Holland Medi Center, U.S. Department of Justice and/or the Michigan State Police Department and any of its agents and/or employees to disclose orally and in writing the results of this verification process to the designated authorized representatives of Lockhart Management & Consulting, LLC. The results will be used to determine employment eligibility under Lockhart Management & Consulting’s employment policy.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Lockhart Management & Consulting, LLC with all information that may be requested, and I hereby release all of the persons and Agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Lockhart Management & Consulting, LLC, its agent, Corelogic, First Advantage, Borgess Ascension Health, Mercy Health, Holland Medi Center, U.S. Department of Justice and/or the Michigan State Police Department and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report.

Please Provide All Requested Information

Full Legal Name, Printed	Maiden or other names used
Current Address - Street, City, State, Zip	How Long?
Previous Address - Street, City, State, Zip	How Long?
Previous Address - Street, City, State, Zip	How Long?
Social Security Number	Birth Date
Name exactly as it appears on Driver’s License	Driver’s License Number
Signature	Date

Authorization to contact present employer for reference? Yes [] No []

