

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize **CHC Logistics, LLC and Receivable Solutions Inc** (hereafter "the Company" or "Employer"), its employees, agents, private investigators or any representative of the aforesaid company, to perform investigations into my background, past behavior, to my character, general reputation, and mode of living including but not limited to:

Investigative Consumer Reports: I authorize the Company to perform investigative consumer reports that may include credit reports, criminal history or arrest records, workers' compensation histories, motor vehicle records, employment and unemployment records, military records, or other sources of information.

Education and Employment: I authorize schools, colleges and all scholastic institutions to release any and all information requested. This includes transcripts, grades, attendance records, and any other information requested. I authorize all former and current employers to release any and all information regarding my employment history. This includes all information contained in my personnel file, salary history, condemnations, and all other pertinent information. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency, and skills. Furthermore, I authorize full disclosure of any and all drug and alcohol testing results.

Authorization and Understanding: I authorize custodians of the records of any agency, government agency, or company as described above to release such information upon request of any investigator, agent, or representative of the Company. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment. I understand that the information requested is for the use by the Company and may be re-disclosed only as authorized by law. I understand that I have the right to request from the Company a written disclosure of the nature and scope of the investigation conducted that I authorized above. If you are a Minnesota, California or Oklahoma resident only and you want a copy of your report, check here ___. The reports will be mailed to you at the address below. I indemnify, release, and hold harmless the Company, any agents of the Company, or others reporting to or for the Company, any investigators, all former employers, reporting agencies, and all those supplying references and character references, from any and all claims, defamation, demands, and/or liabilities arising out of, or related to, such investigations, disclosures, or admissions. Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.

TO BE COMPLETED BY APPLICANT													
The Following Information Is True And Correct To The Best Of My Knowledge And Is Used For Identification And Investigative Purposes Only. Please Use an Ink Pen and Print Clearly. Use "UPPER CASE" Letters. One Letter Per Block.													
Last Name													
First Name													
Middle Name													
Current Address												Apt.#	
City										State		Zip	
Social Security Number													
Date of Birth													
Driver's License No.										State			
Other Last Names Used													
Other States and Counties I Have Lived		STATE	COUNTY	ZIP CODE	FROM (YR)	TO (YR)		STATE	COUNTY	ZIP CODE	FROM (YR)	TO (YR)	
	1						3						
	2						4						
Applicant Signature:											Date:		

To Only Be Completed By: <u>RSI</u>	Department/Store Number: <u>Claiborne Hauling</u>
<input type="checkbox"/> Criminal Records County: _____ State: _____ County: _____ State: _____ County: _____ State: _____ County: _____ State: _____ <input type="checkbox"/> Federal Criminal Records County: _____ State: _____ County: _____ State: _____ County: _____ State: _____ <input type="checkbox"/> CHIPS! <input type="checkbox"/> Social Security Number Trace <input type="checkbox"/> Residential PLUS! <input type="checkbox"/> Credit Report	<input type="checkbox"/> Motor Vehicle Record <input type="checkbox"/> Workers' Compensation History State: _____ State: _____ State: _____ State: _____ <input type="checkbox"/> Employment Verifications (Application Required) <input type="checkbox"/> Do not verify current employer <input type="checkbox"/> Professional License Verification: _____ <input type="checkbox"/> Educational Verifications (Application Required) <input type="checkbox"/> National Wants and Warrants <input type="checkbox"/> Sex Offenders Registry <input type="checkbox"/> Prison Inmate Search <input type="checkbox"/> Homeland Security Suite _____ <input type="checkbox"/> Other/Special Instructions: _____
Client Signature:	Date: