

Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Record(s), Residence History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize SentryLink LLC an agent of Wenventure, Inc. to make a thorough check of my past Employment, Education, and activities.

I release from liability all persons, companies, and corporations supplying that information.

I release and indemnify Wenventure, Inc. and SentryLink LLC against any liability that might result from making such background checks. A copy of this form is as valid as the original.

EMPLOYEE/APPLICANT

Last Name		First Name		Other Name(s) Maiden/Married	
Middle		Social Security Number		Driver's License Number	
Date of Birth mm/dd		State			

RESIDENCES (Starting with current)		Street Address		City/State		Zip		How Long?	
		Street Address		City/State		Zip		How Long?	

CURRENT EMPLOYER		CITY/STATE/ZIP		PHONE #		POSITION		MAY WE CONTACT CURRENT EMPLOYER?	
								<input type="checkbox"/> YES <input type="checkbox"/> NO	

PREVIOUS EMPLOYMENT		CITY/STATE/ZIP		PHONE #		POSITION		DATE OF EMP.	

SCHOOL(S) ATTENDED		NAME OF SCHOOL		CITY/STATE		DATES ATTENDED		YEAR GRADUATED	
								Not applicable	
								Not applicable	

The following information is used for identification and statistical purposes. It is not used in any manner considered discriminatory under EEOC guidelines.

Date of Birth		Race		Sex		Telephone ()	

Signature

Date Signed

1400 Eisenhower Boulevard
Branch Office Location #200

Tier Requirements