INFORMATION REALEASE AUTHORIZATION

I certify that the statements made in this application are valid and complete to the best of my knowledge. I understand that false or misleading information may disqualify me from employment and /or result in termination of employment and recovery of any remuneration paid.

I understand that **ALLEGIS SERVICES (INDIA) PRIVATE LIMITED** may request a verification of information provided by me and /or background check from an agency hired by **ALLEGIS SERVICES (INDIA) PRIVATE LIMITED** for this purpose.

I further understand that the results of verification and checks and any records made out of that information will be used for employment purposes only and will not be given to unauthorized persons.

I authorize **ALLEGIS SERVICES (INDIA) PRIVATE LIMITED** and/or its agents to conduct a verification and background check including but not limited to the verification and check of information and references stated by me in this application for the consideration of **ALLEGIS SERVICES (INDIA) PRIVATE LIMITED** to be used only for my employment purposes.

I also authorize all the concerned persons, authorities, organizations, their employees, agents or authorized representatives, whether named in the application or not, to release the information in their knowledge / possession / records relevant to my employment.

In the event that **ALLEGIS SERVICES (INDIA) PRIVATE LIMITED** and /or its agents are unable to verify any information and references stated in this application, it is my responsibility to furnish the necessary documentation in support of that information.

I fully understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time and my employment decision will always be at the sole discretion of **ALLEGIS SERVICES (INDIA) PRIVATE LIMITED.**

I have read, understood, and by my signature consent to these statements.

I authorize ALLEGIS SERVICES (INDIA) PRIVATE LIMITED to contact my present employer. ☐ Yes ☐ No

SIGNATURE: NAME (IN BLOCK LETTERS):	DATE: