



Lawles Enterprises, Inc.

P.O. Box 365
El Segundo, Ca 90245
(310)322-8200 office
(310)322-8225 fax
CA PILIC 17398

**Background Information Release
Authorization Statement**

I hereby authorize you to release to **Lawles Enterprises, Inc. and “Print & Design Solutions, Inc.”**, its designees or agents, and Client-Companies, any and all information and/or records pertaining to my professional and/or personal history.

The above records **may include, but are not limited to:** Employment History, Personal Information, Criminal Records, and Driving Record History which may bear on the Consumer’s character, general reputation, personal characteristics, or mode of living. **This information will be used or collected in whole or in part for Employment Purposes.**

Furthermore, I hereby release Lawles Enterprises, Inc. and “Print & Design Solutions, Inc.”, its agents, employees, and Client-Companies from any and all claims and damages which may result **from me furnishing** said information.

I agree to cooperate completely, honestly and fully in providing the necessary information to enable the accurate retrieval of such records. Failure to do so may disqualify me from further processing for employment with the “Print & Design Solutions, Inc.” and its Client-Companies. **The information provided will be kept confidential. No confidential information obtained regarding the undersigned will be released to any other 3rd Party, without the undersigned Subject’s specific, expressed permission to do so.**

- ☐ By checking the box, I am requesting a complete disclosure report of the information provided to “Print & Design Solutions, Inc.”. **I understand that should I contest any decision for employment, I will automatically receive this report at no cost to myself whether or not I request a report now.**

Signature_____ Date_____

Printed **Full Legal Name**_____

Name on Driver’s License (if different)_____

Other Names Used _____

Driver’s License Number_____ State Issued_____

Date of Birth_____ Social Security Number_____

Attachment 1

Background Information

Full Name (**Last**, First, Middle) _____

Current Street Address _____

City, State, Zip _____

Current Phone Number (Including Area Code) _____

***Previous Addresses** for last 10 yrs (include City, State, Zip) _____ Date From – Date To

1.

2.

3.

***Current Employment** Company Name _____

Address _____

City, State, Zip _____

Previous Employment and addresses for last 10 years _____ Date From – Date To

1.

2.

3.

Since the age of 18, have you **EVER** been convicted of a crime ____yes ____no

(If Yes, list below) ***A conviction does not automatically disqualify from employment**

Date	Location	Police Agency	Charge Sentence/Disposition
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NOTE: You do not need to identify convictions that have been sealed, expunged, dismissed, or otherwise eradicated by statute or court order, any conviction for a marijuana offense that is more than two years old, or any offense that did not result in a conviction as a result of referral to and participation in any pre-trial or post-trial diversion program. A conviction may be relevant, but does not necessarily bar you from employment. **"Convicted" means pled guilty or been found guilty by verdict or other finding, but that term is not meant to include merely being arrested or detained.**

***Use additional sheets for any additional information if needed**

Printed Name: _____

Signature: _____