

INFORMATION AND RELEASE AUTHORIZATION

The following information is to be used to assess my employment application with _____ (enter company here)

I hereby authorize you to provide information to Hire Image LLC at 440 East Sample Road, Ste. 204, Pompano Beach, FL 33064, Telephone (954) 942-1893, Toll-free (888) 433-0090, Fax (954) 942-1063

Please Print

Last Name: _____ First Name: _____ MI: _____

Home Address:

_____ City: _____ State: _____ Zip: _____

Please complete the following information for each company listed on your application.

Education Information

School _____ Address _____

Degree _____ Major _____

Date Start _____ Date Graduated _____

School _____ Address _____

Degree _____ Major _____

Date Start _____ Date Graduated _____

School _____ Address _____

Degree _____ Major _____

Date Start _____ Date Graduated _____

Additional Information:

I willingly and willfully authorize any present or past employer or supervisor, college or university or other learning or employment institution, or other persons to give records or information that they may have concerning my earnings history, personal character, and employment, including termination, to Hire Image LLC. In addition, I absolutely release any person or agency from any and all liability resulting from the supplying of this information.

Social Security Number: _____

Signature: _____

Date: _____