



DigiNotas Inc.™

Employee Risk Management & Compliance Solutions

Authorization for Release of Information

Full Name: _____

(Please print name clearly and exactly as it appears on driver's license)

AKA's: _____

Social Security #: _____

Date of Birth: ____ / ____ / ____ (optional) Sex: Male Female

Driver's License #: _____ Issuing State: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

County of Current Residence: _____

Years Lived at Current Residence: _____

(if less than 7 years, please provide previous addresses below)

Address # 1: _____

City: _____ State: _____ Zip Code: _____

Length of time at this address: _____

Address # 2: _____

City: _____ State: _____ Zip Code: _____

Length of time at this address: _____

Address # 3: _____

City: _____ State: _____ Zip Code: _____

Length of time at this address: _____

I certify that the answers given by me in the foregoing employment application are true and correct without consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I agree that the company shall not be liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me in this application. I agree to abide by company policy and rules.

I do hereby authorize **Diginotas Inc.** and _____

to conduct a background investigation into the following areas of my personal and employment history; current and previous employment, education, credit, driving records, criminal and civil records, professional licensing, and general character including honesty.

I do hereby authorize any person, agent, corporation, company, agency, or institution, to release any information, documents, or assessments they possess regarding me or my performance as an employee, student, associate, or acquaintance.

I hereby release, and permanently hold harmless, **Diginotas Inc.**, their agents and assigns, and their agents and assigns, from any and all demands and/or liabilities that may originate from these investigations, or any demand or liability which may result from any physical examination, drug testing procedure, x-rays, or other medical screening procedures conducted by them or their agents, and any person, corporation, company, institution, or their agents who may act upon the authority of this release.

A photocopy of this release shall be considered as effective and binding as the original hand executed copy.

Applicant Signature: _____

Today's Date: _____