

BACKGROUND INVESTIGATION AUTHORIZATION AND RELEASE

1. I understand and agree that the Company may conduct an investigation into my background for the purposes of verifying the information I have furnished in my application for employment, related papers and/or oral interviews or making other employment-related decisions affecting me, including, but not limited to, information from previous employers, references, school records, driving records, and any criminal records. I further understand and agree that the Company may engage the services of a third party service provider, such as a consumer reporting agency, to gather some or all of this background information.

2. I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, court, financial institution, or other persons or organizations having knowledge about me to furnish the Company, and/or its employees, agents, or representatives, with any and all information in their possession regarding me for the Company to use in connection with my application for or retention of employment, or any other employment-related decisions affecting me.

3. I also agree to execute, as a condition of employment or a condition of continued employment, any additional written authorizations necessary for the Company to obtain access to and copies of records pertaining to any background investigation it may undertake.

4. I understand and agree that, if required, I will submit to fingerprinting and take all the necessary steps to allow the Company to obtain criminal history information, including that related to sexual offenses, from the Central Repository for Nevada Records of Criminal History and/or the Federal Bureau of Investigation.

5. Further, I hereby release from liability and hold harmless all persons, companies, public entities, and any other organizations or entities, as well as the Company and its employees, agents, or representatives from any and all causes of action that might arise from supplying, receiving, and using information about me pursuant to this Authorization and Release.

6. I understand that falsification of any data provided in my application for employment, related papers and/or oral interviews, or information which may be discovered as a result of any background investigation the Company may undertake pursuant to this Authorization and Release, may result in refusal of employment, or if employed, termination from employment.

Please fill out the following information completely and accurately to the best of your knowledge. List **ALL** Addresses, Cities, Counties and States you have resided in the last 5 years.

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Date: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Date: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Date: _____ to _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Date: _____ to _____

Applicant's Signature _____ Date _____

Applicant's Printed Name _____