



RELEASE AND AUTHORIZATION

In accordance with my right to privacy, I have been advised by Catholic Charities, Los Angeles, that the information described below is required to assist in making an employment hiring/advancement determined concerning me and that execution of this is voluntary.

I hereby authorize the Custodian of Record/Director of Human Resources, or an authorized and qualified agent of that office bearing this document or a copy thereof, to obtain information from all personnel, educational institutes, government agencies, to include the Department of Justice and The Youth Authority, companies, corporations, workers' compensation information, law enforcement agencies or individuals relating to my past activities to supply any and all information concerning my background, and release same from any liability resulting from providing such information. The information received may include but is not limited to academic, job performance, attendance, personal history, financial record history, disciplinary and/or criminal records.

I understand that the information released is for consideration of my employment application, resume and possibly for the purpose of determining my qualifications for future assignments.

I further hereby release any individual associated with the compilation of such information to include records custodians, directors, officers, agents, employees, if authorized representative of the same, from any and all liability for damages of whatever kind of nature, which may at any time accrue to me on account of: (1) reliance by such person on the information submitted in my employment applications; (2) reliance by such persons on the information obtained pursuant to this authorization; (3) compliance with, or any attempt to comply with, this authorization; and (4) termination of my employment based on information obtained after commencement thereof pursuant to validity of this authorization. If adverse action is taken, based in whole or in part on the consumer report; we will provide to you a copy of the consumer report and a summary of the consumer's rights as prescribed by the FCRA. This report will not be used in violation of any federal or state laws and/or equal employment opportunity laws or regulation.

I hereby certify that all the statements and answers set forth on this application form and documents signed are true and complete to the best of my knowledge, and I understand that if, subsequent to employment any of such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just for terminations of my employment.

PLEASE PRINT CLEARLY

Signature of Applicant/Employee

Date

PRINT FULL NAME

Address

For purpose of gathering information, I agree to supply the following information, which may be required by law enforcement agencies and other entities for positive identification purpose when checking records. It is confidential and will not be used for any other purpose.

City, State, Zip Code

Date of Birth

Driver License #

Issuing Date

____/____/_____
Social Security #

LAST NAME AS IT APPEARS ON DRIVER LICENSE