



WINSTON Support Services, LLC

BACKGROUND CHECK

This box for internal use only

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for employment purposes, including initial hiring decisions, promotions, reassignments, and / or retention. I hereby authorize Winston Support Services, LLC to obtain a background report containing the foregoing information.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to Winston Support Services, LLC.

By this Authorization for Release of Information and for the Procurement of a Background Report, I hereby forever release, discharge, exonerate hold harmless and indemnify affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization furnishing information to Winston Support Services, LLC from any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from Winston Resources, LLC and other claim or cause of action arising out of the furnishing, inspection or copying of any documents, files, records, and other information, or the investigation made by or on behalf of any agency supplying background check information, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

IMPORTANT! SATISFACTORY TO CONTACT PRESENT EMPLOYER? YES NO

SOCIAL SECURITY NUMBER - - DATE OF BIRTH
M M D D Y Y

NAME Last _____ First _____ MI _____

Other names known as

Last _____ First _____ MI _____

Last _____ First _____ MI _____

CURRENT ADDRESS

Dates from _____ to _____

Street Address _____

City _____ State _____ Zip Code _____

Please list any previous addresses of the last ten years both outside of the country and within the US

Dates from _____ to _____

Street Address _____

City _____ State _____ Zip Code _____

Dates from _____ to _____

Street Address _____

City _____ State _____ Zip Code _____

Dates from _____ to _____

Street Address _____

City _____ State _____ Zip Code _____

Dates from _____ to _____

Street Address _____

City _____ State _____ Zip Code _____

PRINT NAME _____

SIGNATURE _____

DATE _____

I understand that a photocopy or facsimile of this signed document shall be considered as valid as the original