

Authority to Release Information

I understand that in processing my application with Signature Professionals, Inc. an investigation may be made in which information is obtained through personal interviews, and a review of information held by law enforcement or other government agencies. I authorize you to verify my past employment and education, criminal records, motor vehicle records, personal references, and other job related data provided on this application or via the interview process. I authorize appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Signature Professionals, Inc. to check my credit and conviction records, as needed, on a continuous basis as it relates to my employment.

Applicant's Signature

Date

Applicant's Printed Name