

BACKGROUND / DRUG AUTHORIZATION

This section is be filled out by Applicant.

I hereby authorize you to release following information to: **U.S. Placement, Inc.** or its assigns for purposes of investigation:

- Criminal Record / History

For purposes of investigation as required by Section 391.23 and 382.405 of the Federal Motor Carrier Safety Regulation, I hereby authorize you to supply the following information to **U.S. Placement, Inc.** or its assigns:

- Driving Record/History (MVR)

- Alcohol/Controlled Substance Testing

You are released from any and all liability which may result from furnishing such information.

Authorization: _____ Date: _____

Applicant Signature

Address: _____

City/State/Zip AND County

Social Security Number: _____ Date of Birth: _____

Drivers License # and State of Issuance: _____

Print Name: _____

This section is to be filled out by Requestor.

I hereby certify that in accordance with the Fair Credit Reporting Act (Public Law 91-508) the information requested below will be used for "permissible purpose" as defined in the Act.

I hereby certify that the applicant named below will receive identification of sources of such information which results in denial of employment.

Signature of Requestor: _____ Date: _____

Return Address: **U.S. Placement, Inc.** (Corporate HQ)
1314 Las Olas Blvd.
Fort Lauderdale, FL 33301
Fax: 954-208-7774

Comments: _____

