Applicant Authorization/Consent & Release

We truly welcome your application with Consulting, Services & Solutions Group, Inc. or one of its divisions ("Company"). Your signature below certifies that all the information provided as part of your application for employment, including without limitation, the information below, is true and complete to the best of your knowledge and that you have reviewed this entire document and a separate document entitled, "Disclosure." Your signature below acknowledges that any false or misleading information in your application materials or interview may result in denial of employment or termination, if hired, and that any personal information requested below, including date of birth, is requested solely for identification purposes.

For prompt processing, use all UPPERCASE and avoid touching the sides of the boxes:

JONES45678

Social Security Number: ___ - ___ - ____

Date of Birth: __ / __ / __

Home Telephone Number: ___ ___ - ____

Your signature below also authorizes the preparation of consumer reports and/or investigative consumer reports on you for employment purposes, including without limitation, for the purpose of evaluating you for employment, promotion, reassignment and retention as an employee, at any time prior to or during your employment and without giving you any further notice.

Your signature further authorizes all persons, employers, supervisors, coworkers, schools, companies, corporations, organizations, credit bureaus, courts and any governmental, law enforcement, licensing and record-keeping agencies, and any other source of information to provide all information requested concerning your background, including any criminal records, to the Company and/or its agent HRPLUS.

Your signature further voluntarily and knowingly releases Company, HRPLUS and any source of information from any and all claims, damages, losses, liabilities, costs and expenses arising from or relating to the retrieving, preparing and reporting of any information, including without limitation any inaccurate or incomplete information, to the fullest extent permitted by law.

X _____

Signature **Today's date**

Last Name (as it appears on Driver's License):

First Name: **Middle Name:**

Former Name and/or Other Names Used: **Date of Name Change:** __ / __ / __

Driver's License Number (Omit Spaces and Dashes): **State:** **License Expiration Date:** __ / __ / __

Current Street Address (NOT P.O. Box):

Current City:

Current State: **Zip Code:** **How Long?** ____ **Years** ____ **Months** **Current County (NOT Country):**

Please list the City, State and Zip Code of all <u>other</u> addresses you have lived at in the past 7 years.

City:	State:	Zip Code:	How Long?	
			____ Years	____ Months
			____ Years	____ Months
			____ Years	____ Months

7264

64902