

**PRE- EMPLOYMENT INQUIRY RELEASE**

PLEASE PRINT ALL INFORMATION CLEARLY

APPLICANT'S FULL NAME: \_\_\_\_\_

DATE OF BIRTH:\* \_\_\_\_\_

\*Date Of Birth Is Being Requested In Order To Obtain Accurate Retrieval Records

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE: STATE: \_\_\_\_\_ NUMBER: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

STREET

CITY

STATE

ZIP

PROSPECTIVE EMPLOYER: \_\_\_\_\_

I hereby authorize any employee or authorized representative bearing this release, or copy thereof, to obtain any information in your files pertaining to my employment records including but no limited to, achievement, attendance, personal history, disciplinary records, medical records, credit records, and criminal history records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the requesting agency. Consent is granted for the agency to furnish such information, as is described above, to third parties in the course of fulfilling its official responsibilities. I hereby release you, as the custodian of records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A photocopy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or photocopies from my military personnel and related medical records, including a photocopy of my DD214, Report of Separation to: Locaters International, Inc.

*NOTE: Florida State Statute 768.095 titled employer immunity from liability; disclosure of information regarding former employees states: - An employer who discloses information about a former employee's job performance to a prospective employer of the former employee upon request of the prospective employer or of the former employee is presumed to be acting in good faith and, unless lack of good faith is shown by clear and convincing evidence, is immune from civil liability for such disclosure of its consequences. For the purposes of this section, the presumption of good faith is rebutted upon a showing that the information disclosed by the former employer was knowingly false or deliberately misleading, was rendered with malicious purpose or violated any civil right of the former employee protected under chapter 760.*

Pursuant to Section 943.13 (4), (5) and (7) F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for the refusal to disclose non-privileged legally obtainable information.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AFFIDAVIT**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Sworn and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. My commission expires on \_\_\_\_\_, 20\_\_\_\_\_.

Personally Known  - or- Produced Identification

\_\_\_\_\_  
Notary Public

Type of Identification Produced:

(SEAL)

