



FOR OFFICE USE ONLY

Location Name	Admin Office	Cost Center #	
Contact Name & Phone	Eric Gutierrez 888-655-4442	HR Manager	
PLEASE SELECT:	<input checked="" type="checkbox"/> Criminal Check <input checked="" type="checkbox"/> Motor Vehicles Check (Drivers/Couriers Only)		

RELEASE AUTHORIZATION

DISCLOSURE

As part of the employment process, Drayton Group Inc. (the "Company"), will obtain a consumer report (known as an investigative consumer report in California), which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with Drayton Group Inc. ("The Company"), I hereby authorize HOV Services ("The Company"), to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living. I hereby release HOV Services from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

AUTHORIZATION

You must sign below to authorize a background check and be considered for employment.

Signature

Date

A clear copy of the applicant's state issue driver's license or identification card must accompany this release authorization

The address on the applicant's identification must be current and match the address provide below.

FIRST NAME

MIDDLE NAME

LAST NAME

Date of Birth

□ □ - □ □ - □ □ □ □

Social Security Number

□ □ □ - □ □ - □ □ □ □

CURRENT ADDRESS	CITY	STATE	ZIP
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Have you used any other names in the past seven years? YES NO If Yes, please provide detail:

FIRST NAME	MIDDLE NAME	LAST NAME
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FIRST NAME	MIDDLE NAME	LAST NAME
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FIRST NAME	MIDDLE NAME	LAST NAME
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Please list all addresses for the past seven years (continue on back if necessary):

Address	City	State	Zip	Start Date/End Date
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Address	City	State	Zip	Start Date/End Date
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Address	City	State	Zip	Start Date/End Date
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Address	City	State	Zip	Start Date/End Date
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