



GEORGIA Federal-State Shipping Point Inspection Service, Inc.

I _____ hereby authorize Ga. Federal-State Shipping Point Inspection Service, Inc. and/or its agents, in considering my application for employment or if employed, at any time during my employment, to conduct or obtain from contracted sources an independent investigation of my background, references, character, past employment, consumer reports, education, criminal history, including but not limited to information contained in the files of governmental agencies or public or private organizations and all public records, for the purpose of confirming the information contained in my application and/or obtaining information that may relate to my qualifications for initial or continuing employment.

If employment is denied in whole or in part because of information obtained by Ga. Federal-State Shipping Point Inspection Service, Inc., I have the right to make a written request within a reasonable period of time to receive the information about the nature and scope of the investigation.

I release Ga. Federal-State Shipping Point Inspection Service, Inc. and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources used.

I understand that, should I fail to pass all the pre-employment checks including reference, security, and any applicable credit and drug test, any offer for employment will be rescinded.

Have you completed a job application with Ga. Federal-State Shipping Point Inspection Service, Inc. in the last three months? _____

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

FULL NAME (PRINTED) *MAIDEN/OTHER NAME(S) USED*

PRESENT ADDRESS *HOW LONG?*

CITY *COUNTY* *STATE* *ZIP CODE*

DATE OF BIRTH *RACE* *SEX* *SSN*

List all other cities and their states in which you have lived, attended school or worked, since the age of 18 and how long in each:

CITY, STATE *HOW LONG* *CITY, STATE* *HOW LONG*

CITY, STATE *HOW LONG* *CITY, STATE* *HOW LONG*

SIGNATURE *DATE*

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