



Authorization to Release

I, _____, authorize JR Enterprise, LLC, it's agent, or any agent/assigns of their company, to contact any employers, schools, individuals, and/or persons, educational institutions, private companies, business corporations, state and federal law enforcement, or any agent/assigns of their company and maintained in their needs concerning my background and character. I also herby release any of the liability and responsibility arising from doing so.

I also herby authorize, as a condition of employment or as part of my duties relating to employment release of all appropriate background information regarding my Criminal History, Workers Compensation Claims History, Education Records and/or any other Commission interpretation of the FCRA, and all local, state, federal governing laws pertaining to insurance.

I understand that the information will be used for the sole purpose of verifying information as stated on my resume, application for employment, and/or any other documentation completed by me for the investigation and verifying my background.

I believe that to the best of my knowledge and ability that all of the information I have provided per personal background and history is accurate, true, and correct and that I fully understand the terms of this agreement.

Please Print Clearly

First Name/ Middle Initial

Last Name

Alias Name

Sex: Male/Female

Soc. Sec Number

Date of Birth

Signature

Date