

## AUTHORIZATION TO RELEASE INFORMATION

I authorize the City of Miles City, Montana through their agent, **Orion International Corporation**, to obtain information related to past employment, employers, school activities, verification of education, criminal justice agencies, motor vehicle/registration departments, credit checks, professional licensing registries, or relevant sources of information.

This Information may include, but is not limited to, information about my academic achievement, performance, attendance, disciplinary, employment history, criminal history record information, credit screening, and driving and motor vehicle record.

I authorize **Orion International Corporation** to disclose the record of my background investigation to the City of Miles City.

I authorize custodians of records and other sources of information pertaining to me to release such information to **Orion International Corporation**.

I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release. In consideration of the City's acceptance and consideration of my intent I hereby, release and forever discharge the City, **Orion International Corporation**, and all affiliated entities from all claims, demands, damages, actions and causes of action pertaining to or arising out of the City's consideration of my application for employment and use, so long as not malicious, or all information obtained in the course or as a result of all inquiries made into my personal history.

By my signature below, I also acknowledge that the City of Miles City has provided me with a summary of my rights under the Federal Fair Credit Reporting Act (attached copy).

**Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release signed by me.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### TO BE COMPLETED BY APPLICANT

Please Print Legibly

Full Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Current Address: \_\_\_\_\_

Other State(s)/Cities of Residency last 10 Years: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number & State: \_\_\_\_\_

# ACKNOWLEDGMENT

I have provided the foregoing Authorization to Release Information by reason of my intent to become employed with the City of Miles City, Montana, and acknowledging that by my employment, I may come into contact with information which could be deemed confidential.

I understand that inquiries made under the foregoing authorization may include credit history, criminal and driving records, past behavior, character and reputation, and other related matters.

It is my intent to authorize all former employers and all other public and private concerns, including but not limited to: schools, colleges and all scholastic institutions, consumer reporting agencies, and similar entities, to release any and all information maintained by an such employer or educational entity, concern, agency, person, including, but not limited to: my personal, employment and salary history and condemnations. I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment. I further authorize my supervisors and other work associates to disclose their opinions and observations of my work habits, qualities, competency and skills. Furthermore, I authorize full disclosure of any and all substance abuse testing results.

I understand that if I am not selected for employment in whole or in part due to the information contained in a consumer report obtained from a consumer reporting (or similar) agency, that I will be entitled to receive from the City the name and address of the consumer reporting agency or agencies from which the report was obtained.

## APPLICANT:

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WITNESS ATTEST:

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Request for Investigation

To: Orion International Corporation  
Fax: 406-458-8787  
Telephone: 406-458-8797 or 8796

From: Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Phone #: \_\_\_\_\_

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Please conduct an investigation as outlined below on the following individual. (please print):

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please check all that apply)

Montana Criminal Check  
 Montana Sexual/ Violent Offender Check  
 Montana Professional Licensing Check \_\_\_\_\_ (profession)  
 Montana Driving Record, License # \_\_\_\_\_

Out of State Criminal Check in \_\_\_\_\_ (states)  
 Out of State Sexual/ Violent Offender Check in \_\_\_\_\_ (states)  
 Out of State Professional Licensing Check in \_\_\_\_\_ (states)  
 Out of State Driving Record in \_\_\_\_\_ (states)  
License # \_\_\_\_\_

Social Security Number Verification

Federal Court Check

Credit Report, Current Address \_\_\_\_\_

Education/Degree Verification (Indicate school, course of study and date of graduation if known) \_\_\_\_\_

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 Reference Checks (two references) Please indicate the position the prospective employee has applied for: \_\_\_\_\_

Package 1: (Montana Criminal Check, Two Reference Checks)

Package 2: (Montana Criminal Check, Montana Sexual/Violent Offender Check, Social Security Number Verification, Federal Court Check)

Commercial Database Check

Other Investigations (please be specific) \_\_\_\_\_