



Background Check/Drug Screening Release

I give Ameritraining, Inc. permission to hire services providing background searches and drug screening in order to determine employment eligibility. I do hereby release Ameritraining, Inc., Sterling Infosystems, Inc., LabCorp, Quest Diagnostics, and all individuals connected therewith from all liability. Ameritraining, Inc. does hereby certify that any information requested is for the purpose of evaluating a consumer for employment or as an independent contractor. Furthermore Ameritraining, Inc. certifies that all information will remain confidential and will only be shared with a professional background search company and potential employer.

COMPANY BEING ASSIGNED TO: _____

COMPANY LOCATION CITY, STATE: _____
(Please list WAH for Work-at-Home)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

HOME PHONE NUMBER: _____ **MOBILE PHONE NUMBER:** _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ **GENDER:** Male Female

SOCIAL SECURITY NUMBER: _____

DEGREE EARNED: _____

EDUCATION: (Show information for highest level achieved)

Institution, City, State

CERTIFICATIONS: _____

PREVIOUS EMPLOYER (List previous 7 years of employment): _____

PREVIOUS JOB TITLE: _____

HOW LONG?: _____

DRIVER'S LICENSE NUMBER: _____

Expiration Date: _____

State: _____

Have you ever been convicted of a felony?: Yes No Record

In the past 10 years, have you been convicted of a misdemeanor?: Yes No Record

If you responded "Yes" to either question above, please provide details about your conviction, including where (county/state), when (month/year), offense and offense type (felony, misdemeanor):

SIGNATURE: _____

DATE: _____, 20____

PLEASE RETURN COMPLETED FORM WITH SIGNATURE TO SHAWNE HOISINGTON VIA FAX OR E-MAIL:

Fax (214) 281-8623 ~ hoisington@ameritraining.com

Office (214) 551-3120 ~ www.ameritraining.com