

PSI, Incorporated

Release and Authorization

_____ Last Name	_____ First Name	_____ Middle Name	_____ Maiden Name or Other Names Used
_____ Date of Birth	_____ SSN #	_____ Drivers License # & State	_____ Sex
_____ Height	_____ Weight	_____ Color of Eyes	_____ Color of Hair

Please provide us with your home addresses for the past 7 years. **CURRENT ADDRESS FIRST:**

1. _____	County of: _____
_____	From (Yrs): _____ To: _____
2. _____	County of: _____
_____	From (Yrs): _____ To: _____
3. _____	County of: _____
_____	From (Yrs): _____ To: _____
4. _____	County of: _____
_____	From (Yrs): _____ To: _____

Have you ever been convicted of a criminal offense? Yes No

If yes, give full details, including date(s) and location(s) _____

I certify that all statements herein are complete and correct, and agree that (A) former employers, colleges and Universities are authorized to furnish information concerning this application, and are released from all liability for furnishing such information (B) that I may be checked through PSI, Inc. including a request to the Department of Motor Vehicles, Division of Drivers Licenses, for a list of all violation of the Motor Vehicle Code, (C) a credit check, and (D) that any misrepresentation or omission made by me in this application or any supplement hereto will be sufficient grounds for immediate termination. This authorization shall be valid one year from the date signed and a photographic or faxed copy of the authorization shall be as valid as the original.

I hereby authorize the addressed police departments and court house to furnish PSI, Inc. any criminal or traffic information they may have on record or otherwise, and do hereby release the addressed institution and all individual's connected therewith from all liability for damage whatsoever incurred in furnishing such information.

Signature

Date

THIS FORM MUST BE COMPLETED BY APPLICANT

Form 705
Rev. 12.18.07

