

APPLICANT AUTHORIZATION AND GENERAL RELEASE

I (print name) hereby	authorize Swinlange thip Mgt. (herein known as
"Company") and TRAK - 1 (herein known as "Service	
background information about or concerning me, including but not limited to my Criminal History, Credit	
History including a consumer report under the Fair Credit F	Reporting Act, 15 U.S.C. 1681, et seq. (the "Act"),
Driving Record, Employment History, Military Backgr	round, Civil Listings, Educational Background,
Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, Institution,	
School, Organization, Credit Bureau, State Boards, Licensing Agency, and other entities including my Present	
and Past Employers.	· · · · · · · · · · · · · · · · · · ·
I further release and discharge SWAN LANGE PARMY and i	t's "Service Provider" (Trak-1) and all of their
Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and	
liability arising out of any request (s) for, or receipt of, information or records pursuant to this authorization,	
procurement of an investigative consumer report and understand that it may contain information about my	
character, general reputation, personal characteristics, and mode of living, whichever are applicable.	
I understand that I have the right to make written request within a reasonable period of time to the "Service	
Provider" (Trak-1) for additional information concerning the nature and scope of investigation. I acknowledge	
that I have voluntarily provided the above information for employment purposes, and I have carefully read and I	
understand this authorization.	
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Are you applying for employment in California, Georgia, M	innesota or Oklahoma? (Circle One) Yes or No
If so, do you want a copy of any Consumer Report prepared	concerning you? (Circle One) Yes or No
I understand that California law requires Company to give me a copy of any report requested within seven (7)	
days of the date the information was obtained and that failure to do so will expose Company to liability.	
Signed:	Date:
Name (print):	Previous (former) Names:
Social Security #:	Date of Birth:
Drivers License #:	State Issued: