

PROFILES INVESTIGATIONS

www.profilesinvestigations.com

& Information Services, Inc.

CONSENT FORM TO RELEASE CONFIDENTIAL INFORMATION

In consideration of the Company's evaluation of my suitability for employment, I hereby authorize my prospective employer and their representatives; as well as Profiles Investigations & Information Services, Inc. and their representatives, to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

I agree not to assert any claims or causes of action of any kind against, and I further release and forever discharge the Company, its agents, its employees, and the individuals, governmental agencies and companies contacted by the Company as part of its investigation from any and all claims, demand, damages, actions, causes of action, or suits of any kind or nature whatsoever arising from the investigation and I acknowledge that the Company has made no misrepresentations of any kind as to whether employment will be offered at the conclusion of its investigation.

I fully understand what I have read and certify that the information furnished on my application or resume is true and correct to the best of my knowledge. I understand that any mistaken or omission of fact may be grounds for refusal to hire, or release if I am employed.

A copy or a facsimile of this release shall bear the same authority as the original.

Clearly Print the Following Information

FULL NAME: _____ RACE: _____
(First, Middle, Last) (optional)

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DRIVER'S LICENSE INFO.: Number _____ State _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ SEX: _____

DATE OF BIRTH: Month _____ Day _____ Year _____

APPLICANT'S SIGNATURE _____

TODAY'S DATE _____

Type of Search Requested: Criminal History

Special employment provisions (check if applicable):

- Employment with mentally disabled (Purpose code 'M')
 Employment with elder care (Purpose code 'N')
 Employment with children (Purpose code 'W')

One of the following must be checked:

- This authorization is valid for 90/180/_____ (circle one) days from date of signature.
 I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Account Number: _____