



**AUTHORIZATION**

**For Release of Personal Data Record Information**

To Whom it May Concern:

I hereby authorize and request any present or former employer, school, police department, or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

My signature on this form is also an acknowledgement of the drug screening process, which is a policy of Systems Staffing Group, Inc.

In the event that Systems Staffing Group, Inc. advances either money or products to an employee and employee leaves company's employ prior to returning advances to the company, said amount will be deducted from the final paycheck issued to employee. If advances or monetary amount exceed the final paycheck amount, employee hereby represents and agrees that he shall pay the balance owed to Systems Staffing Group Inc. within a period of 5 days from termination.

I understand this authorization is to be part of the written employment agreement, which I sign.

Print Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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