

PHARMACARE SERVICES

INFORMATION RELEASE AND AUTHORIZATION

In order to determine whether a candidate is suitable for a position, it is necessary to thoroughly review a candidate's complete employment background and references. All current and past employers may be contacted once a tentative offer of employment has been made or employment has been accepted. Many employers and references will not provide a candid response unless there is an authorization and release of liability statement. Please carefully review the following paragraphs and sign and date the form below.

I, _____, hereby authorize PharmaCare Services to contact any employer, law enforcement agency, state agency, institution or private information bureau that has any record or knowledge of my motor vehicle operation history, criminal history or employment-related history, in order to obtain or verify information on, but not limited to criminal, credit, driving, employment, and education. I hereby authorize past employers or affiliations to release any so acquired information to PharmaCare Services or its representatives. I hereby release PharmaCare Services, their officers, employees, and agents, from any and all liability arising from the results of any investigation and the preparation of any reports concerning myself or my background. I authorize the companies, schools, persons or entities given during the employment process, while employed, and during internal investigations, as references or past employers or affiliations to give any information regarding my employment, character, qualifications, certifications and licenses and hereby release said companies, schools, persons or entities from all liability for any damage for issuing this information. A favorable result may be a condition of employment or commencement of any employment duties where elements are job-related. A photographic copy of the authorization shall be as valid as the original. Permission is granted for information to be released by any state agency.

I waive any provision impeding the release of this information, and agree to provide any information necessary for the release of this information above and beyond that provided on the employment application.

I understand that there may be state and federal requirements as well as insurance and employment requirements that will require periodic checks of all the above-referenced sources. If employed, I further authorize periodic checks of all above-referenced sources, as may be deemed necessary by employer.

Full name including maiden (print)

Social Security Number

Address

Driver's License Number & State

City/State/Zip

Signature

Date

Witness Signature

Date