



**BACKGROUND CHECK**

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	
<b>Social Security Number</b>		<b>Date of Birth</b>	
<b>Current Address: Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Phone Number</b>		<b>Email Address</b>	

***Addresses from the last SEVEN years:***

Previous Address	City	State	Zip
Previous Address	City	State	Zip
Previous Address	City	State	Zip

In consideration for the review of this application, I authorize investigation of all statements contained in the application. This authorization permits The HR Office, Inc. to conduct a criminal, driver history, or credit history investigation. Additionally, I authorize The HR Office, Inc., to supply my employment record, in whole or in part, and in confidence, to any government agency, or other party, with a legal or proper interest.

As a candidate for employment, I realize that The HR Office, Inc. requires information concerning my past work performance, background, and qualifications. Much of this information may only be supplied by my prior employers. I request that the previous employers referenced above provide information to The HR Office, Inc. representatives concerning my work performance, my employment relationship, my qualifications, and my conduct while an employee of their organizations. Recognizing that this information is necessary for The HR Office, Inc. to consider me for employment, I release these prior employers and waive any claims which I may have against those employers for providing this information.

I understand and agree that my employment, if hired, is for no definite period and may be terminated at my option or the option of The HR Office, Inc. at any time without any previous notice.

In the event of my employment, I will comply with all rules and regulations as set forth in The HR Office, Inc.'s policy manual or other communications distributed to employees.

I certify that all statements made by me on this form are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect the application unfavorably. I understand that misrepresentation or omission of facts is cause for disqualification from further consideration for hire or for dismissal.

I hereby acknowledge that I have read the above statement and understand the same.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



**THE HR OFFICE, INC.  
APPLICANT DRUG AND ALCOHOL  
TEST WAIVER AND RELEASE FORM**

I, \_\_\_\_\_, hereby consent to the taking of a drug/alcohol/controlled substance test for the purpose of determining whether I will be considered for hiring by The HR Office, Inc. (HRO). I understand that prior to the test, I am obligated to notify the agency completing the drug and alcohol test if I am undergoing authorized medical treatment with controlled substances or prescription drugs, reporting the specific drug or treatment that I am receiving. I also consent to the release of the test results and other relevant medical information to HRO.

I further understand that if I test "positive" on the drug test, HRO will not hire me even though I may not agree that I have been taking any illegal drug, narcotic, or other such controlled substances. I fully waive, in advance, any right to complain of the results of the drug test, or of any action taken by HRO as a result of such test, through any legal action or other means of whatever kind or nature, and fully release HRO, its officers, employees and representatives, from any and all liability arising from the drug test, or in any manner related to my application for employment with HRO.

I understand that good faith efforts will be made to keep the results of the drug test confidential, and that HRO will endeavor to assure that the test results will not be revealed to any persons except those personnel who HRO deems have a need to know such information, such as an HRO client company, relating to personnel administration or processing of employment matters, or as may otherwise be required by law.

I have read, understand and voluntarily agree to all of the above and accept this as one of the conditions for employment with HRO.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Failure to sign the above waiver and release form discontinues the employment process.