DORAN & WARD PRINTING CO.
PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquires may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Date:				
Last Name	First Name		Middle	
Applicant's Signature	Driver's License Number & State			
Social Security Number	Response to the questions in this section are optional and voluntary, for ID only.			
	Date of Birth	Race	Sex	
			M	F
Former Names and time frames (if applicable)				
Current address	City/State	Zip & County	Dates (Month & Year)	
Previous Addresses				