



THE INTEGRITY CENTER

"objective risk management information"

A Unit of Integrity Centers Corporation

Suite 1008 • 2828 Forest Lane • Dallas, Texas 75234
(972) 484-6140 • FAX (972) 484-6381 • (800) 456-1811
<http://www.integctr.com/> • info@integctr.com

AUTHORIZATION & RELEASE OF LIABILITY FORM

I, _____, Date of Birth _____,

Social Security Number _____, do hereby authorize the **INTEGRITY CENTERS CORPORATION** of Dallas, Texas, to conduct an investigation into my personal and employment background for **DATAWORKFORCE** to include, but not necessarily be limited to, my: previous employment history (including Social Security Number verification); earnings history; civil litigation history; criminal arrest, conviction and disposition history; driving history; personal and/or business credit history; educational background; address and telephone history; Worker's Compensation claim history; professional license history; and general reputation for character and honesty.

I hereby authorize any individual, corporation, company, institution or government agency to release to the **INTEGRITY CENTERS CORPORATION** any information, documents, or opinion they may possess concerning me or my reputation as an employee, student, debtor, associate or acquaintance.

I release, indemnify, and forever hold harmless the **INTEGRITY CENTERS CORPORATION** and their agents or assigns, and **DATAWORKFORCE** and their agents or assigns, from any and all claims and/or liabilities that may arise as a result of their investigations into my personal and employment background, as that is described above, or from any fingerprint procedures, photographs, physical examinations, speech perception tests, x-rays, drug testing procedures, other medical diagnostic procedures, or polygraph examinations conducted by them or their suppliers. This Authorization & Release of Liability shall not be applicable to any gross negligence on the part of **INTEGRITY CENTERS CORPORATION**.

I release, indemnify, and forever hold harmless any individual, corporation, company, institution, or government agency and their agents or assigns who may act upon authority of this Authorization & Release of Liability.

I hereby authorize and certify that a photocopy or electronic facsimile of this Authorization & Release of Liability shall serve with the same authority as the original.

X _____ X _____
Signature Date

WITNESS FOR: DATAWORKFORCE
Name, Printed: _____
Signature: _____
Date: _____