REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION $\underline{\text{PLEASE TYPE OR PRINT}}$

LAST NAME				MIDDLE NAME			
(PLEASE INCLUDE Jr., Sr., II, III, Etc.) nderstand that in conjunction with my application for employment, I			Rotary International will use the services of an outside agency to research				
and verify my personal background, ch International. Rotary International use	naracter, profession	al standing, work h	istory and qualification	ns. This agen			
I also understand that Informed Decisito: credit reporting agencies, criminal or federal licensing boards or comm workers' compensation, professional at	and civil court reconstraints is sions, public or	rds. Department of private association	Motor Vehicle record	s, governmer	t regulatory agen	cies, local, state	
workers compensation, professionar an	na personar referen	ccs.					
I request, authorize and consent to the above to Rotary International and Info and any named or unnamed corporat information about me.	ormed Decision. I	unconditionally rel	ease and hold harmles	s Rotary Inte	ernational and Inf	ormed Decision	
I request, authorize and consent to the my background, mode of living, charadate indicated next to my signature. Investigative & Background Inform Paul@info-decision.com or www.inf	cter and personal re , I am reque ation Services, Inc.	eputation, this authosting a copy of m	orization in original or y consumer report.	copy form, sl The reportin	nall be valid for or gagency is: Inf	ne year from the ormed Decision	
PURPOSE OF APPLICATION: ROI	ARY YOUTH EXC	CHANGE	RYLA INTE	ERACT	YOUTH ACT_		
gned			Today's date				
-							
Printed Name			Position Applied For				
/	<u> </u>	<u>.</u>					
Social Security Number	Date of Birth		Drivers Licens	e Number	State		
0.1	1 1						
Other names you have used or			DIEEEDENTIA	CT NAME	(C)		
PLEASE INCLUDE THE			the last seven (7)		(3)		
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Current Address:							
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Former Address:							
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Former Address:							
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Former Address: Street	Apt.	City	COUNTY	State	Zip Code	How Long?	
			FORMATION **		Zip Code	How Long:	
Name of University:	City and State						
Dates of Attendance:		Degree:					
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FAX TO: 805 371 1294