

ALL PRO SECURITY, INC.

P.P.O. License # 15350
975 S.Thompson Rd. #216 Lafayette, CA 94549
Human Resources Department

Office: 925-299-1308
Fax: 800-485-8669

**REQUEST FOR VERIFICATION OF EMPLOYMENT
FAX 800-485-8669**

An authorization for employment verification must be completed for your employment history of record. Employers of record shall be extended this authorization.

SECTION I. To be completed by applicant

I authorize without reservation. All Pro Security, Inc. to verify and release any information contained in my application including, but not limited to background verification, searches, certificates, certifications, education, and employment validations.

I Authorize all present and previous employers, educational institutions, public agencies, licensing authorities, Client facilities, personal and other references (as well as all representatives of these persons or entities) to provide all information they may have regarding me.

I voluntarily and knowingly release all present and previous employers and All Pro Security, Inc. fro liability, and waive all claims arising from providing or releasing any of this information or from denial or withdrawal of employment.

I understand that this authorization is a continuing authorization and will remain valid until such time as I inform All Pro Security, Inc. in writing that I wish to revoke this authorization.

Print clearly your name, social security number and name(s) you have used in the past and dates of use.

Print Name: _____ Social Security Number _____/_____/_____

Sign: _____

SECTION 2. To be completed by previous employer, institution, or agency

Please complete the employment verification information request as provided for by the authorization and signed consent of the individual identified by current name and social security number offered to All Pro Security, Inc.

HIRE DATE ____/____/____ SEPERATION DATE ____/____/____ PAYRATE STARTING _____ ENDING _____

POSITION _____ REASON FOR LEAVING _____

WOULD YOU REHIRE YES_____ NO_____ DO YOU RECOMMEND FOR EMPLOYMENT YES_____ NO_____

PRINT NAME _____