



AUTHORIZATION AND RELEASE

I understand that **Grand Geneva**, Intellicorp, Ltd. Or other third parties may be conducting a background check in connection with my application for employment. This background check may include an inquiry into my employment history education, general character or reputation, work experience, driving history, criminal history, credit history and such other information that may be required.

I understand that **Grand Geneva** may rely on all or any part of this information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by **Grand Geneva** based upon any of this information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that a background check may be performed by **Grand Geneva** or its representatives as a part of the pre-employment process, in order to evaluate the suitability of an applicant for employment and is not conducted for any other purpose other than in connection with an application for employment. I understand that the information supplied by me shall be used solely for the purposes of obtaining information, validating or verifying information received, as a part of the background check.

I, the undersigned applicant for employment, have read this Pre-employment Disclosure and by signing below, hereby authorize **Grand Geneva**, its representatives, agents, and authorized third parties, including Intellicorp, to conduct a background check as described herein, in conjunction with my application for employment and hereby release said parties from any and all liability related to the use, procurement or disclosure of any information provided by me or obtained about me in connection with my application for employment and a background check that may be performed. I further direct and authorize such third parties who may be custodians of or may be in possession of requested records or information to disclose such information or records to **Grand Geneva**, Intellicorp or their representatives and agents, in connection with this authorization and release. I voluntarily provide my date of birth in order to obtain, and verify records obtained, in the background check.

Signature _____ Date _____
Printed Name _____

First Name Middle Name Last Name

***** THE INFORMATION SUPPLIED BELOW WILL BE USED TO REQUEST AND VERIFY RECORDS*****

Current Address: _____

Maiden Names/Prior Names: _____

Social Security Number: _____ DOB: _____

DL #: _____ DL State: _____ Exp. Date: _____