# AUTHORIZATION FORM

*DATE:*_____/____/_____ *AUTHORIZED BY:* _____

*EMPLOYER:* **PERFORMANCE MOTORS**

## *REASON FOR TEST / RESEARCH*

☒ PRE-EMPLOYMENT

## *SERVICES DESIRED*

☐ COUNTY CRIMINAL SEARCH **(SPECIFY COUNTIES IN STEP 1)

☐ STATEWIDE CRIMINAL CONVICTION SEARCH _____ (STATE)

☐ MOTOR VEHICLE RECORD _____ (STATE)

☐ OTHER _____

## STEP 1 (TO BE COMPLETED BY SUBJECT/EMPLOYEE) ****Please print clearly****

*SUBJECT LAST NAME*: _____ *SUBJECT FIRST NAME*: _____

*MIDDLE NAME:*_____ *MAIDEN NAME:*_____

*DATE OF BIRTH*: _____/_____/_____ *SOCIAL SECURITY*: _____- _____ - _____

*DL# :* _____ *STATE OF ISSUE:*_____

*CURRENT ADDRESS:*_____

*PREVIOUS ADDRESSES (INCLUDING CITY & STATE) FROM LAST 7 YEARS*: _____

## RELEASE / AUTHORIZATION

In connection with my employment (including contract for services), I hereby consent to allow **Source 1 Solutions** and/or it's agents to take a specimen of my hair, urine and/or oral fluids and submit it to testing for the detection of drugs. I further consent to **Source 1 Solutions**, its doctors, employees, or agents to release the results of this test to the above named employer.

I further authorize investigative background research, which may include, but are not limited to education, consumer, criminal, credit, driving, civil, previous employment, as well as claims involving me in the files of insurance companies when applicable. These may include, among other things, information as to my character, work habits, performance and experience along with reasons for termination of past employment. I hereby give permission to **Source 1 Solutions** to release the results of these investigations to my prospective/current employer.

In consideration for such services being rendered on my behalf, I hereby release any party and/or agency contacted by employer to furnish the above information and agree not to file any type of lawsuit arising from the information obtained, as well as waive any and all liability against **Source 1 Solutions** and employer.

***I hereby certify that the above information provided on this form is correct.***

| _____ | _____ | _____/_____ ☐AM ☐PM |
|---|---|---|
| **Subject Signature** | **Print Subject Name** | **Date** **Time** |

**Source 1 Solutions**

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