



Background Check/Drug Screening Release

I give Ameritraining, Inc. permission to hire services providing background searches and drug screening in order to determine employment eligibility. I do hereby release Ameritraining, Inc., General Information Services (GIS), MedTox Inc. and all individuals connected therewith from all liability. Ameritraining, Inc. does hereby certify that any information requested is for purpose of evaluating a consumer for employment or as an independent contractor. Furthermore Ameritraining, Inc. certifies that all information will remain confidential and will only be shared with a professional background search company and potential employer.

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ **GENDER:** Male or Female

SOCIAL SECURITY NUMBER: _____

DEGREE EARNED: _____

EDUCATION: (Show information for highest level achieved)

Institution , City ,State

CERTIFICATIONS: _____

PREVIOUS EMPLOYER: _____

PREVIOUS JOB TITLE: _____

HOW LONG?: _____

DRIVER'S LICENSE NUMBER: _____

Expiration Date: _____

State: _____

SIGNATURE: _____

DATE: _____, 20____