Employer Lynx, Inc.®

Nevada Retail Network Self Insured Group
Release Form

1 Form 1: Notification/Release of Information

In connection with my application (including contract for services) with the below named prospective employee, I understand that investigative background inquiries are to be made by Employer Lynx, Inc., on myself including consumer, criminal, driving, workers' compensation records, and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination from previous employers, if any. I understand that you will be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in workers' compensation and/or other insurance companies. Further, I authorize Employer Lynx, Inc., to check my driving history and/or criminal record and other records, as needed, on a continuing basis as it relates to my employment.

I authorize, without reservation, any party or agency contacted by Employer Lynx, Inc., to furnish the above mentioned information, and further, that Employer Lynx, Inc., may furnish same to the below named company.

I have the right to make a written request, within a reasonable length of time, to receive information about the nature and scope of this investigation. I hereby consent to Employer Lynx, Inc., obtaining the above information from any party or agency.

Last Name_____ First _____ Middle _____

List any other name used in the last 7 years: _____

Date of Birth _____ Social Security Number _____ Driver's License #_____ State _____

Professional License Held: _____ State:_____ Lic.# _____

Currr. St. Addr.: _____ City: _____ State ____ Zip: _____ From:__/__/__ To: __/__/__

Previous St. Addr.: _____ City:_____ State ____ Zip: _____ From:__/__/__ To:__/__/__

In Compliance with section 40.25 (g) and 391.23 (h), I hereby authorize all my employers to release all information pertaining to DOT drug and alcohol testing. I will be ensured this information is held confidential and used only for employment purposes.

Signature:_____ Today's Date:_____

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Employer Lynx, Inc., and since public records data on any one individual, group of individuals, company or companies can be contained in more than one repository, Employer Lynx, Inc., can only rely on its accuracy from the public records data sources available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Employer Lynx, Inc., its sources, officers, agents, or employees. Furthermore, you agree to indemnify Employer Lynx, Inc., its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose of this information, for your exclusive use, is fully within the appropriate law or laws that may apply to the permissible purpose of retrieving background information on an individual's criminal records history, credit history, and/or workers' compensation claim history.

2 Form 2: Notification & Authorization For Employment Credit Report

I authorize Employer lynx, Inc., to obtain my credit report through the credit reporting agency of its choice. If employed, I further authorize Employer Lynx, Inc. to check my credit record, as needed, on a continuing basis as it relates to my employment. If an adverse employment decision is made totally or partially due to the information on the credit report, (Company Name) _____ will give me the number of Employer Lynx, Inc., so that I may receive a summary of my rights under the Fair Credit Reporting Act and the source of the credit report so that I may contact them if I wish.

Signature: _____ Today's Date: _____

Employer Lynx, Inc., 501 E. Caroline St., Carson City, NV, 89701 775-883-3733 / 800-909-5969, Fax 775-883-8755
NV PI License # 793 www.EmployerLynx.com

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3 Form 3: Employers Insurance

I, _____, hereby consent to the release of information from my employers' insurance company file to: Employer Lynx, Inc. I understand that the specified information is necessary and related to my employment services and that its confidentiality will be respected by the recipient.

Note: This authorization complies with the requirements of the Americans with Disabilities Act. Please specify the date, event, or condition upon which this consent expires, if applicable.

Signature of Applicant: _____

Date Hired: _____

Social Security Number of Applicant: _____

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