



Personal Information Release

Name _____, _____, _____ Social Security Number _____-_____-_____
Last First MI

I certify that on _____ I applied for employment at TFM Services
Mo /Day/ Year

I hereby authorize TFM Services and / or it's agents to conduct such investigations of my application for employment as considered necessary. I authorize and request any and all former employers and / or business references to furnish information concerning my past job performance and work, salary, criminal and educational histories. I release from any liability the following named individuals furnishing such information. I recognize a photocopy of this authorization is a valid requisition. I understand that any false statements on my application are grounds for dismissal or withdrawal of my offer of employment.

FORMER EMPLOYERS (list below last three employers, starting with LAST ONE FIRST)

1.

Name & Address of Employer:		
Dates of Employment – From: _____ To: _____	Supervisors Name:	Telephone Number: () -
Salary : \$	Position:	Reason for Leaving:

2.

Name & Address of Employer:		
Dates of Employment – From: _____ To: _____	Supervisors Name:	Telephone Number: () -
Salary : \$	Position:	Reason for Leaving:

3.

Name & Address of Employer:		
Dates of Employment – From: _____ To: _____	Supervisors Name:	Telephone Number: () -
Salary : \$	Position:	Reason for Leaving:

Have you ever been convicted of a crime (Felony or misdemeanor) ? YES___ NO___. If Yes, Please state the nature of the crime, when and where convicted and the disposition of the case.

SIGNATURE: _____ DATE: _____



is an Equal Opportunity Employer- It is the company policy to make employment decisions without regard to age, race, creed, color, religion, national origin, sex, physical or mental disability, veteran status, marital status, or any other protected status in accordance with applicable federal, state, or local laws.