



accurate. reliable. confidential testing.

203 W Elm St, Suite A
Florence, SC 29501
(843)413-0324
Fax (843)413-0325



Drug



Alcohol



DNA



Background

AUTHORIZATION TO RELEASE INFORMATION FORM

Raines Hospitality, Inc.

Note: Submitting an incomplete or illegible form may delay the background check results.

THE INFORMATION CONTAINED IN MY APPLICATION FOR EMPLOYMENT WITH RAINES HOSPITALITY, INC.(HEREINAFTER, "THE COMPANY") IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSE STATEMENT MADE BY ME IN CONNECTION WITH THE APPLICATION OR ANY RELATED DOCUMENTS WHICH IS DEEMED MATERIAL BY THE COMPANY SHALL RESULT IN THE COMPANY NOT EMPLOYING ME OR, IF EMPLOYED, TERMINATING MY EMPLOYMENT. I UNDERSTAND AND AGREE THAT ALL INFORMATION FURNISHED IN MY APPLICATION AND ALL ATTACHMENTS MAY BE VERIFIED BY THE COMPANY OR ITS AUTHORIZED REPRESENTATIVE. I HEREBY AUTHORIZE ALL INDIVIDUALS AND ORGANIZATIONS NAMED OR REFERRED TO IN MY APPLICATION, STATE DEPARTMENT AND ANY LAW ENFORCEMENT ORGANIZATION TO GIVE THE COMPANY ALL INFORMATION RELATIVE TO SUCH VERIFICATION AND HEREBY RELEASE SUCH INDIVIDUALS, ORGANIZATIONS, AND THE COMPANY FROM ANY AND ALL LIABILITY FOR ANY CLAIM OR DAMAGE RESULTING THERE FROM. I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED BY THE COMPANY THAT THE COMPANY MAY SEEK TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE REPORT THAT WILL INCLUDE PERSONAL INFORMATION REGARDING ME, INCLUDING BUT NOT LIMITED TO, EDUCATIONAL HISTORY, WORK REFERENCES, DRIVING RECORD AND CRIMINAL CONVICTIONS OR ARREST RECORDS IF ALLOWED, IN ORDER TO ASSIST THE COMPANY IN MAKING CERTAIN EMPLOYMENT DECISIONS. I ALSO ACKNOWLEDGE THAT DRIVING REPORTS AND CRIMINAL BACKGROUND INFORMATION MAY BE REQUESTED AT ANYTIME DURING MY EMPLOYMENT. I FURTHER ACKNOWLEDGE NOTIFICATION BY THE COMPANY THAT REPORTS MAY BE PROVIDED TO THE COMPANY BY OTHER FIRMS SUBCONTRACTED FOR THAT PURPOSE. I, MY HEIRS, ASSIGNS AND LEGAL REPRESENTATIVES, HEREBY RELEASE AND FULLY DISCHARGE THE COMPANY, ITS PARENT AND AFFILIATED COMPANIES AND THE RESPECTIVE OFFICERS, DIRECTORS, SHAREHOLDERS, EMPLOYEES, AGENTS OF EACH, INCLUDING SUBCONTRACTORS, FROM ANY AND ALL CLAIMS, MONETARY OR OTHERWISE, THAT I MAY HAVE AGAINST THE COMPANY, ITS PARENT, AFFILIATES OR SUBCONTRACTORS, ARISING OUT OF THE MAKING, OR USE OF, EITHER A CONSUMER REPORT AND/OR INVESTIGATIVE REPORT, INCLUDING ANY ERRORS OR OMISSIONS CONTAINED OR OMITTED FROM SUCH REPORTS OR INVESTIGATIONS. THE COMPANY AGREES TO INFORM YOU IF AN EMPLOYMENT DECISION HAS BEEN INFLUENCED BY INFORMATION CONTAINED IN A CONSUMER REPORT, MADE AT OUR REQUEST BY ARCPPOINT. YOU MAY OBTAIN A FREE COPY OF THE REPORT WITHIN SIXTY DAYS BY CALLING ARCPPOINT AT (843) 413-0324. THE COMPANY WILL MAKE AVAILABLE TO YOU "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

PRINT NAME:			
	<i>Last</i>	<i>First</i>	<i>Middle (Full not Initial)</i>
DATE OF BIRTH:		SOCIAL SECURITY #:	
HOME PHONE #:		BUSINESS PHONE #:	
GENDER:		RACE:	
OTHER NAMES YOU HAVE USED (MAIDEN NAME & DATES USED):			

Current and Previous Address- PROVIDE ALL ADDRESSES FOR THE PREVIOUS 5 YEARS (use extra page if necessary)
(Month/Year)

Street _____ **From:** _____
City, State, Zip, County _____ **To:** _____

Street _____ **From:** _____
City, State, Zip, County _____ **To:** _____

Street _____ **From:** _____
City, State, Zip, County _____ **To:** _____

For MVR only

DRIVER'S LICENSE INFORMATION:			
	<i>License number</i>	<i>Expiration Date</i>	<i>State of Issue</i>

EMPLOYEE SIGNATURE: _____ **DATE:** _____

My signature above authorizes the release of the background report to the above Designated Employee Representative (DER) and ARCPPOINT Personnel.

Authorized By : (Company Agent): _____
Date: ____/____/20____