



<b>E-PREP APPLICANT FORM &amp; AUTHORIZATION FOR RELEASE OF INFORMATION</b>	DATE:	
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Applicant Name:		Applicant SSN:		Primary Phone:	
Applicant Address:		City State, Zip		County / Parish of Residence	
E-mail Address:		Driver's License #		Driver's License State	
Referring Customer Name		Driver's License Exp. Date		<b>CIRCLE ONE:</b> MALE    FEMALE	
Referring Supervisor Name		Date of Birth	____/____/____		

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. This release is for the duration of my employment with WillStaff Worldwide.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position :	
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X	List the screenings and evaluations to be completed for this customer / position	DATE COMPLETED	SCORE

<input type="checkbox"/> Completed and Signed Pre-Application Questionnaire	DATE: ____/____/____
<input type="checkbox"/> Completed all screens & evaluations as required by the customer	DATE: ____/____/____
<input type="checkbox"/> Sent applicant's results to the customer's hiring authority	DATE: ____/____/____