

# EMPLOYMENT RELEASE AUTHORIZATION

By signing below, I authorize DESTINY MANAGEMENT or its agents (**Success Linc, Inc.**) to verify any and all information given by me that pertains to my eligibility for potential employment. I fully understand that the information will include, but is not limited to, criminal records, drug testing, credit history, employment verification, social security number verification, motor vehicle driving record, education verification, and personal history. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies named above from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information correctly and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original. **This consent is valid until this person is no longer employed thru Destiny Management, Inc.**

**\*\*PLEASE PRINT CLEARLY\*\***

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any other name used in the last 7 years \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**\*\*\*APPLICANTS DO NOT WRITE BELOW THIS LINE\*\*\***

**\*\*FOR OFFICE USE ONLY\*\***

NC County Only  
 NC Statewide X  
Other County \_\_\_\_\_  
Other State \_\_\_\_\_

DMV Report (State **NC**)  
Education Verification  
Address/SS# Trace  
Federal Search

Employment Verification  
Drug Test