

Darrell Walker Personnel
WORKFORCE

S Y S T E M S

“Personnel & Staffing”
Solutions for your business.

Division of AllTemps Systems, Inc.

Following a 1953 tradition of personnel excellence.

BACKGROUND & DRIVING RECORD AUTHORIZATION AND RELEASE

I, (please print name) _____ do hereby authorize WorkForce Systems/Darrell Walker Personnel, division of AllTemps Systems, Inc. (hereafter referred to as WFS/DWP) its employees, or agents to conduct any investigation into my background and/or driving record, as it may be deemed appropriate. I give permission for this information to be used by WFS/DWP in consideration for employment and/or continued employment. I understand that any and all information will be held in the strictest of confidence. I do hereby authorize WFS/DWP to contact any person or entity having custody of such information to discuss such information. Furthermore, I hereby authorize such individual or entity having custody of such information to divulge such information to representatives of the WFS/DWP and its hiring clients.

I hereby release and agree to hold harmless and covenant not to sue WFS/DWP, its officers, directors, employees, agents, or representatives for any claims, liabilities, damages, or expenses which may arise in regard to conducting such investigation or obtaining and utilizing such information pursuant hereto.

This authorization and release is given freely, without reservation, for the purpose set out above.

Signed on this ____ day of _____, ____.

By: _____

Witness: _____

The following costs may be deducted from your first payroll check:

\$7.50 - State Bkgd; \$15.00 - Federal Bkgd; \$8.75 for Motor Vehicle Report plus deductions for specified equipment or supplies needed for your job assignment.

SS# _____ D.O.B: ____ / ____ / ____ (mm/dd/yyyy)

Current Address: (Street Address, City, State, Zip Code)

**Birth Name – Maiden Name and/or also known as (any & all married names):

DRIVER'S LICENSE/IDENTIFICATION: # _____ STATE: _____

FOR WFS/DWP OFFICE USE ONLY - Please indicate type service(s) requested:

Branch: _____ Rep: _____

- MVR please note if: CDL NON-CDL
 BACKGROUND CHECK STATE FEDERAL
 O/S – LIST City/State/County resided in and how long _____
 DRUG SCREEN OTHER, please explain: _____