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Acknowledgement and Authorization for Criminal Background Check

As a condition of my candidacy for employment with AME International, I understand that they will conduct a criminal background check on me for employment purposes.

By signing this Acknowledgement and Authorization, I authorize AME International to access such information as may be necessary to complete a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify AME International, against any liability which may result from making such requests. I agree that a fax or photocopy of the Acknowledgment and Authorization with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the background report and, when applicable, a written description of my rights under the Fair Credit Report Act.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of the Acknowledgment and Authorization.

Applicant's Printed Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Social Security Number: _____ Date of Birth: _____

Sex: _____ Race: _____ Drivers License Number and State: _____

Signature: _____ Date: _____