

APPLICANT RELEASE AND AUTHORIZATION FORM – NM

*I hereby authorize **ST. VINCENT DE PAUL CAMP** or authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, for employment purposes. I hereby fully release and discharge my prospective employer or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes. **PLEASE PROVIDE 7 YEARS OF RESIDENTIAL HISTORY. ADDITIONAL YEARS SEARCHED BY CLIENT'S REQUEST.***

Name: _____

Alias/Other: _____

(First, Middle, Last - Print Clearly)

Date of Birth: _____

Social Sec. No.: _____

Driver's License: No.: _____

State _____

(1) Current Address: _____

City/State/Zip: _____

County: _____

Dates/From: _____ To: _____

(2) Previous Address or College Address _____

City/State/Zip: _____

County: _____

Dates/From: _____ To: _____

(3) Previous Address _____

City/State/Zip: _____

County: _____

Dates/From: _____ To: _____

Applicant Signature _____

Date: _____
