

# CONSENT FORM

Elite Parking Corporation<sup>®</sup>

Contact: Associate Relations Dept.

Phone: 404.892.1234

Fax Number: 404.872.8863

I, \_\_\_\_\_ hereby authorize *Elite Parking*, and/or its agents to make an independent investigation of my background, references, past employers, education, credit report, criminal police report, medical and/or worker's compensation claims, pre-employment credit reports and driver's license records, including those maintained by both public and private organizations for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment.

I release *Elite Parking* and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

**THE FOLLOWING IS MY TRUE AND COMPLETE NAME AND ALL THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

|   |  |
|---|--|
| Social Security Number: _____ - _____ - _____ | Date of Birth * _____ / _____ / _____<br>(Month, / Day, / Year)  |
| Last Name: _____                              | Sex * _____  |
| First Name: _____                             | Race * _____   |
| Middle Initial: _____                         | * Note this information is <i>REQUIRED</i> to insure positive identification and is in <b>NO MANNER</b> used as qualification for employment!! |
| Other Names Used: _____                       | Driver's License #: _____  |
| Present Address: _____ How Long _____         | State of Issuance: _____   |
| City, State, Zip: _____                       | _____<br>Your name as it appears exactly on your license   |

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Need background on: \_\_\_\_\_

\_\_\_\_\_