Criminal Background Check Release

I, the undersigned, do hereby authorize MARISTAFF, Inc. and its agents to prepare an investigative report on my background. I authorize any persons or institutions contacted to furnish Maristaff, Inc. or its agents any information they have concerning any criminal and/or motor vehicle conviction records. My signature below indicates my understanding and acceptance of all of the above terms and stipulation.

Date of Release _____ Signature _____

Print Name _____
First Middle Last Maiden

Driver's License Number _____ State of Issue _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip _____

_____ _____
Applicant's Signature Date

Drug Screen Authorization and Consent

I, the undersigned, do hereby authorize MARISTAFF, Inc. to conduct a drug screen. This screen will include transferring a specimen of my urine and/or blood to a laboratory for screening test for the presence of illegal drugs, alcohol or prescription medication taken without a prescription. My signature below indicates my understanding and acceptance of all of the above terms and stipulation.

_____
Applicant's Signature Date

maristaff incorporated