



**WJP & ASSOCIATES**

**AUTHORIZATION & RELEASE FORM**

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_, do hereby authorize **WJP & Associates, Inc.** of Dallas, Texas, to conduct an investigation into my personal and employment background for **New Leaf Service Contracts LLC.** to include, but not necessarily be limited to my: previous employment history; (including Social Security verification); earnings history; criminal arrest, convictions and disposition history; educational background; address and telephone history; credit history; Motor Vehicle record history; Worker’s Compensation claim history; professional license history; and general reputation for character and honesty.

I hereby authorize any individual, corporation, company, institution or government agency to release to **WJP & ASSOCIATES, Inc.** any information, documents, or opinion they may possess concerning me or my reputation as an employee, student, debtor, associate or acquaintance.

I release, indemnify, and forever hold harmless **WJP& Associates, Inc.** And their agents or assigns, and **New Leaf Service Contracts LLC** . and their agents or assigns, from any and all claims and/or liabilities that may arise as a result of their investigations into my personal and employment background, as that is described above, or from any fingerprint procedures, photographs, physical examinations, speech perception tests, x-rays, drug testing procedures, other medical diagnostic procedures, or polygraph examinations conducted by them or their suppliers. The Authorization & Release of Liability shall not be applicable to any negligence on the part of **WJP & Associates, Inc.**

I release, indemnify, and forever hold harmless any individual, corporation, company, institution, or government agency and their agents or assigns who may act upon authority of this Authorization & Release of Liability.

I hereby authorize and certify that a photocopy or electronic facsimile of this Authorization & Release of Liability shall serve with the same authority as the original.

**X** \_\_\_\_\_  
Signature Date

Please list all former addresses for the past 7 years:

\_\_\_\_\_  
Street, County, City, State, Zip Code

\_\_\_\_\_  
Street, County, City, State, Zip Code

\_\_\_\_\_  
Street, County, City, State, Zip Code

\_\_\_\_\_  
Street, County, City, State, Zip Code

\_\_\_\_\_  
Street, County, City, State, Zip Code