



Waiver For Records Review

JOB APPLICANT: PLEASE FILL OUT AND SIGN THIS SHEET.

PLEASE PRINT

Name _____

Have you ever been known by any other name(s) that PBS will require to verify? If so, please list below:

Current Address _____ City _____ State _____ Zip Code _____

Previous Address _____ City _____ State _____ Zip Code _____

Social Security # _____ Date of Birth _____

Driver's License Number _____ Expiration Date _____

I do hereby authorize any city, county, state or federal agency, department, bureau or private agency, to release any information in their files under the above name. I understand and realize that the information so released may prove unfavorable to me. I agree to hold any source of information blameless for any error in reporting this information.

I release all persons whomever from any liability arising out of or resulting from the release of this information.

Applicant Signature: _____ Date: _____

Witness By: _____

(563) 3816-1616 Quad Cities Local

1-877-386-1616 Toll Free

(563) 386-5545 Fax

