

**RELEASE, DISCLAIMER AND SIGNATURE**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Athelas Institute, Inc.

I understand that any employment is conditioned on a background check. I authorized Athelas Institute, Inc. to thoroughly investigate all statements contained in my application or resume, and I authorized my former employers and references to disclose information regarding my former employment, character and general reputation, without giving me prior notice of such disclosure. In addition, I release Athelas Institute, Inc. any former employers and all references listed above from any and all claims, demands or liabilities arising out or related to such investigations or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and prior notice, at the option of either Athelas Institute, Inc or myself. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Athelas Institute, Inc. unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test starting work. If employed, I also agree to submit to a medical examination and drug test at any time deemed appropriate by Athelas Institute, Inc. and as permitted by law. I consent to such examination and tests, and I request that the examining doctor disclose to Athelas Institute, Inc the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examination and drug test, and I am hired a condition of employment will be that I abide by Athelas Institute's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate Athelas Institute, Inc. to hire. If hired, I agree to abide by all company work rules, policies and procedures. Athelas Institute, Inc. retains the right to revise it's policies or procedures, in whole or in part, at any time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**BACKGROUND INVESTIGATION RELEASE AND AUTHORIZATION FORM**

I hereby authorize Athelas Institute, Inc. or authorized representative of the company bearing this release in obtain and release any information pertaining to my background, including any of the services noted below, 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 investigations of my background for said purposes. PLEASE PROVIDE MINIMUM 7 YEARS RESIDENTIAL HISTORY.

Name: \_\_\_\_\_ Alias: \_\_\_\_\_  
(Print Clearly First, Middle, Last)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Dates/From \_\_\_\_\_ To \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Dates/From \_\_\_\_\_ To \_\_\_\_\_

Pervious Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

County \_\_\_\_\_ Dates/From \_\_\_\_\_ To \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**EMPLOYER USE ONLY**

Comments:

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