

## Candidate Member Authorization and Consent for Release of Information

- I. In connection with my application for membership in the Greater Flint Pilots Association, I understand that in compliance with applicable law and as directed by GFPA policy, you may be requesting information from public and private sources about, but not limited to,-my driving records, criminal court records, and credit. All results will be kept CONFIDENTIAL.
- II. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original.
- III. I hereby authorize the background verification, without reservation, any law enforcement agency, institution or information service bureau contacted by Raven Executive Security Services or its agent, to furnish the information described in Section I.
- IV. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the GFPA and Raven Executive or any of its officers, agents or employees for any negligent or wrongful statements, acts, omissions made or recorded, n the course of my background investigation.
- V. I understand that the need for confidentiality of sources and information in my background investigation, and I agree to never attempt to obtain access to any part of the background investigation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking criminal court records. It is confidential and will not be used for any other purposes. I hereby release GFPA and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

## I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR A MEMBERSHIP.

NAME (PRINTED OR TYPED) FORMER NAME AND/OR OTHER NAMES		SIGNATURE			
		SOCIAL SECURITY NUMBER DATE OF BIRTH			
DRIVERS LICENSE NUMBER	STATE	GENDER	<u>M( )</u>	<u>F()</u>	
NAME THAT YOUR DRIVERS LIG	CENSE IS UNDER				
HOME TELEPHONE NUMBER		TODAY'S DATE			
CURRENT ADDRESS	CITY	STATE	ZIP CODE	COUNTY	HOW LONG
FORMER ADDRESS	CITY	STATE	ZIP CODE	COUNTY	HOW LONG

## PLEASE LIST BELOW ALL OTHER CITIES AND STATES THAT YOU HAVE RESIDED IN, IN THE PAST 7 YEARS: