

RELEASE AUTHORIZATION

In consideration of my application, I authorize **Blue Ridge Electric Membership Corporation** by and through QPI to verify all data given by me on application, related papers or oral interviews. I understand a thorough investigation may be conducted which may include but not be limited to criminal history, motor vehicle driving record, education verification, employment history, credit report and personal history. I hereby authorize employers, agencies, personal references and other persons with whom I am acquainted to answer all questions and release all information concerning my employment record, character, reputation, ability, education, military service, credit history and other applicable reports. Furthermore, I release all agencies, bureaus, employers, information service organizations, and individuals or companies named above from all liabilities or damages that might result from information provided in good faith. I state that the information provided by me on my application is accurate and I agree that if any information therein is found to be false at any time, my application may be discarded or my employment terminated. I understand that the information requested below regarding sex, race and date-of-birth are for the sole purpose of gathering the above information accurately and will not be used to discriminate against me in violation of the law*. A facsimile (FAX) or photocopy of this authorization shall be as valid as the original.

**QPI fully complies with the Fair Credit Reporting Act and the ADA.*

(print) Last name	First	Middle	social security number
maiden And/Or other name used			driver's license number / state issued
current address (street)			date of birth
city, state, zip code and county			sex
			race
			applicant's signature

List Previous Address(es), other than that above, for the past seven years:

(street address)	(city)	(state)	(zip code)

*****QPI will not accept this form if altered, illegible or incomplete*****

For Office Use Only		Fax Release to: 704-873-4158
Contact:	Phone:	Fax:
<input type="checkbox"/> NC Statewide <input type="checkbox"/> NC County only _____ <input type="checkbox"/> Other County _____ <input type="checkbox"/> Other State _____	<input type="checkbox"/> SSN Scan <input type="checkbox"/> SSN Re-Trace <input type="checkbox"/> Credit Analysis <input type="checkbox"/> Call for special instruction	<input type="checkbox"/> DMV Report _____ (state) <input type="checkbox"/> Ed Verification <input type="checkbox"/> Professional Licensing <input type="checkbox"/> Emp Verification