

International Authorization Form

I, _____, hereby authorize SJV and Associates, LLC, and/or its affiliates and agents to make an independent investigation of my background and criminal record history which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for employment. This authorization and consent shall be valid in original, fax, or copy form.

If employment is denied in whole or in part because of information obtained by the above-named company, I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of the investigation.

I release the above-named company and/or its agents and any person or entity that provides information pursuant to this authorization, from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

Full Name (Printed)	Maiden Name or Alias Used
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Present Address	How Long?
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City/State	County	Zip
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Driver's License Number	State of Issue
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Date of Birth	Social Security Number
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Check the box below if you are a resident of the EU.

I authorize SJV & Associates, LLC and it's designated representatives to obtain my personal and criminal information and transfer it outside of the EU.

Signature of Applicant	Date
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