BACKGROUND CHECK AUTHORIZATION / RELEASE FORM

I hereby authorize ***ASSOCIATED PETROLEUM PRODUCTS, INC***. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

> Verification of social security number, current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation or public agency (including Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to Associated Petroleum Products, Inc or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information from other sources.

I hereby release Associated Petroleum Products, Inc, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand that this authorization automatically expires in 90 days from the date executed below and that I have the right to revoke it at any time provided I do so in writing.

Employer reserves the right to refuse to consider any application unless all questions are answered completely and honestly.

Print Name: _____
First Middle Last Maiden

Former Name(s) and Dates Used: _____

Current Address Since: _____
Month/Year Street City State/Zip

Previous Address Since: _____
Month/Year Street City State/Zip

Social Security #: _____ Date of Birth: _____

Telephone #: ( ) _____ Driver's Lic # & State: _____

College: Yes ☐ No ☐ Name of College: _____

Location: _____
City State

Dates Attended: _____ Graduation Date: _____ Degree: _____

Convictions: Any illegal drug activity?: Yes ☐ No ☐ Any felonies?: Yes ☐ No ☐

Please explain any convictions/incidents: _____

_____

Signature: _____ Date: _____