



CENTENNIAL PROTECTION GROUP, LLC

2300 York Road, Suite 206

Timonium, Maryland 21093

(443) 42-GUARD(48273)

Consent to Background and Reference Check

Applicant Name: _____ **Date of Birth:** _____

Race: _____ **Driver's License Number and State:** _____

Present Address: _____

Social Security Number: _____

I, _____ hereby authorize Centennial Protection Group, LLC and/or its agents to make investigation of my background, references, military history, character, past employment, consumer reports, education, and criminal history information 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. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

I hereby consent to the Company's verifying all the information I have provided on my application form. I also agree to execute as a condition of employment or a condition of continued employment any additional written authorization necessary for the Company to obtain access to and copies of records pertaining to this information. I also herby authorize the Company's access to any medical histories or records pertaining to me (and any other individuals who due to my employment may be covered by any Company medical or other insurance program). With regard to the foregoing disclosures, I herby agree to release any person, company, or other entity from any and all causes of action that otherwise might arise from supplying the Company with information it may request pursuant to this release. I understand that any false answers or statements, or misrepresentations by omission, made by me on my employment application or any related document, will be sufficient for rejection of my application or for my immediate discharge should such falsifications or misrepresentations be discovered after I am employed.

Applicant Signature: _____ **Date:** _____

STATE OF MARYLAND

COUNTY OF _____

Personally appeared before me, a Notary Public, in and for said county and state, on this _____ day of _____, 20____, the within named _____, known to me, or satisfactorily proven, to be the person whose name is subscribed to the within instrument and who acknowledges that he/she/they (strike one) executed the same for the purposes therein contained.

NOTARY PUBLIC

Print Name: _____ My Commission Expires: _____