## APPALLATING ENTROPERTY PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

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## Background Information Release Authorization Cofer Bros., Inc.

Applicant's Last Name	Applicant's First Name		
Address			
City	State Zip	How long at this address?	
On the Property of the Control of th	Surname (if applicable)		
<u>Initials</u>			
Social Security Administration Request: I hereby a Inc. a DEQY (Detailed Earning Query) furnishing emp signature below. I hereby authorize the information to Cofer Bros., Inc., 2300 Main Street, Tucker GA 30084  Reference Checks: I authorize and request all persor information requested by Cofer Bros., Inc., its employed which is based, in whole or in part, upon such information and release Cofer Bros., Inc., its employed which is based, in whole or in part, upon such information and release Cofer Bros., Inc., its employed agents, from any and all liability which may arise out of submit to drug testing for alcohol, drugs and controlled agents, from any and all liability which may arise out of Motor Vehicles and State Repositories record requested by Cofer Bros., Inc. I release from I Courts, Departments of Motor Vehicles or State Repositories Courts, Departments of Motor Vehicles or State Reposited as Cofer Bros., Inc., its employees and agents, for whole or in part, upon such information.  Criminal Records Check: I authorize and request all State Repositories of Record Information to furnish and from liability, any person, law enforcement agencies, Information furnishing such information and release Coany employment decision which is based, in whole or I give Cofer Bros., Inc. the right to investigate my background at any the information above is true and correct. I understand that the Appl Falsification of answers will be grounds for rejection or later terminate.	loyer names and addresses for the solution be sent to the following address:  Ins., companies and organizations (income liability any person, company or es and agents, from liability arising frottion.  In yemployment and at the company of substances. I hereby release Cofe of or in connection with any drug screers on the following formation to furnish are liability any person, law enforcement of the following from liability arising from any employ of the following from any employ.  I persons, law enforcement agencies my information about me requested the Cofer Bros., Inc., its employees and it in part, upon such information.	cluding schools) to furnish any organization furnishing such rom any employment decision  Is expense, I may be required to er Bros., Inc., its employees and eening.  Clerks of Traffic Courts, my information about my driving agencies, Clerks of Traffic hing such information and ment decision which is based, in  Standard Courts, and courts, and courts, and courts, and courts of Record agents, from liability arising from eacks listed above. I affirm that	
Signature of Applicant:		Date:	