



Release of Information Authorization

I, _____, authorize **Delta One Trucking** to verify my previous employment and obtain information about my work history during my employment at _____.

I understand that this information will be used solely for the purpose of determining my qualifications for employment with **Delta One Trucking**.

I hereby release all parties, including but not limited to **Delta One Trucking**, its representatives, and my previous employer(s), from any liability or claims resulting from the release, disclosure, or use of this information.

Applicant Information:

- Full Name: _____
- Date of birth: _____
- Last 4 of SS#: _____

Applicant Signature: _____

Date: _____