

SECURITY CLEARANCE ELIGIBILITY VERIFICATION RELEASE FORM (This is form only required for positions that require a security clearance) (Please Print)

First Name	Middle Name		Last Name
Social Security Number (Required for JPAS Verification)		Date of Birth	
Position(s) Applying For			
Have you held a DoD Security Clearance:	Yes	No	Type of Clearance:
Have you ever been denied a Security Clearance: Yes No			
Do you know any reason why you would be denied Security Clearance: Yes No			

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE, VIOLENCE REPORTS, CREDIT BUREAU REPORTS, MOTOR VEHICLE REPORTS AND/OR SECURITY CLEARANCE ELIGIBILITY.

For and in consideration of my being considered for Employment or Advancement, I hereby authorize ProLog Inc. to make inquiries (as required by position) concerning my Employment suitability and qualification; including: (i) any public record of any convictions for crimes of violence or dishonesty; (ii) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses or drug test results reported by any merchant or employer where such acts occurred; (iii) any credit bureau reports; or (iv) current security clearance eligibility from the Joint Personnel Adjudicating System. I further authorize any governmental agency where such conviction information is on file, or any company ("Prior Company") where such incident or credit transaction occurred to disseminate such report(s) to ProLog Inc. During any period(s) while I may be engaged by ProLog Inc., I hereby authorize ProLog Inc. to make further like inquiries as ProLog Inc. may from time to time, deem necessary for Employment purposes. I also hereby authorize any such governments agency, any such credit bureau and any such Prior Company to issue such reports in response to ProLog Inc. inquiry(ies). I waive any further notice with respect to ProLog Inc. inquiries or with respect to such government's agency, every such credit bureau, and every such Prior Company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my Employment or retention may be determined, in whole or in part, based on the report(s) so issued to ProLog Inc. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to ProLog Inc. by writing or calling at the address or telephone numbers listed below.

Signature of Applicant

Date Signed

Please fax completed sheet to ProLog's HR Department at the (757)965-4815

California, Massachusetts, Minnesota and Oklahoma Resident Only: If a consumer credit report is ordered, would you like a free copy of the report mailed to your home []YES[]NO