

WAIVER OF RESUME SUBMITTAL NOTIFICATION

In order to expedite solicitation of your resume to accommodate the urgent requests of our client's job orders it is <u>occasionally</u> time prohibitive to notify you in advance. Your credentials are always solicited confidentially, through the removal of your address and telephone number. Our clients are prohibited from contacting you directly either at home or at your place of employment or referencing your credibility without the permission of McIntosh Staffing Resources, LLC and yourself. Should you experience the contrary, please contact our office immediately.

I give you permission to solicit my resume without notifying me prior to doing so.

I prefer that you do not solicit my resume without prior notification and understand that should I choose this option your attempts to notify me may impede or eliminate my candidacy for consideration for time sensitive job orders.	
Print Name	Signature
Date	
WAIVER OF RECO	RDING IDENTIFICATION
	Staffing Resources obtain a photocopy of my identification y give permission to photocopy and maintain those records igibility Verification Form.
Print Name	Signature
	INFORMATION FOR LOYMENT CONSIDERATION
institutions, credit agencies (when applicable) a additional information which may include issues and grade point average. A criminal backgroscreening may be required depending on the requoint to make a written request to you to learn the understanding, I release McIntosh Staffing Rescresulting from such an investigation. I further	res, LLC. to contact my former employers, educational and other references to verify work history and to confirm regarding performance, skills, character, attendance, credit and Department of Transportation as well as drug uirements of the position. I understand that I have a right the complete nature and scope of the report. With this purces, LLC., its clients and its sources from all liability, agree that McIntosh Staffing Resources, LLC. may refer employer or other person for the purpose of employment
Print Name	Signature
Date	Applicant Social Security Number
Form – Waiver/Release RSN/RI/RIPEC	2004