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State of Virginia – Notarized Workers Comp Contingency Job Offer Release Form

I, _____ hereby authorize CheckYourSitter.com (Herein referred to as
CYS) to generate workers compensation searches and reports in connection with my application for
employment. I have received a contingent job offer of employment from
_____.

This search is for workers compensation records from local, state federal and private agencies who
maintain such records.

I authorize any party or agency contacted by CYS, or its agent(s) to furnish the aforementioned
information and hereby release CYS from any and all claims that may arise from disclosure or non-
disclosure. I have the right to make a request to CYS, to request the nature and substance of
information in its files and recipients of any reports, which CYS has previously furnished within the
two-year period.

I hereby authorize the release of any and all consumer reports. This authorization shall remain on file
and shall serve as on-going authorization for you to generate consumer reports at any time during my
employment period.

Full Name _____

Other Names Known by _____

Current Address _____

Former Addresses (list most recent first for 10 years prior)

SS# _____ Date of Birth _____

Signature _____ Date _____

Notary: _____ Date: _____

Notary Seal:

Prospective Employer _____