



# CONSENT FORM

I, the undersigned, hereby authorize **The Client** to which I have applied for a position ("The Company"), to obtain a pre-employment background screening report on me in order to verify my particulars as provided in my curriculum vitae for the purpose of my application by and through the Company's service provider, Peleza International Limited hereinafter referred to as Peleza, in accordance with the Company's Data Privacy and Peleza Privacy Policy.

The above-mentioned report will include job related information, such as identity, education history, professional qualifications and memberships, criminal history, employment history, work references and other applicable public record information.

I hereby declare that I understand and will cooperate with persons conducting the screening and to assist in case more information is required or when approaching my referees, former employer(s), educational establishments, government agencies and any other relevant entity.

I further authorize all current or previous employers to discuss my relevant personal and employment history with Peleza with consent to release of such information orally or in writing, and hereby release them from all liability.

I further authorize the Company and Peleza to disclose a copy of this authorization to any person(s), educational establishment(s), former employer(s), business entity(ies) or public body(s) ("Third Party") and for this authorization to act as my specific consent to any such Third Party for the disclosure to the Company/ Peleza of any personal data about me.

I hereby release the Company, Peleza and any Third Parties from any claims, costs, expenses or rights of action of any kind whatsoever ("Claims") which I (or others on my behalf) may have against the Company or Peleza arising directly or indirectly out of or in connection with the provision of the pre-employment background screening report, save where such Claim arises directly as a result of the gross negligence of the Company or Peleza.

This authorization given in this Consent Form expires automatically if my application is rejected or following termination of my employment with the Company in the event that my application is successful.

I certify that the information provided in my application for employment is true and correct and that my job application and /or employment might be terminated based on any false or misleading information subject to local law provisions and jurisdiction.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

ID \_\_\_\_\_

Phone Number \_\_\_\_\_

