**General Release Form for the EBD**

**Date:**

**To:**

**From:**

**Subject:** Permission for Verification of Salary, Academic and other relevant professional information.

USAID requires all candidates who are submitted for contract work to complete a Contractor Employee Biographical Data Sheet (SF 1420-17). The form is a *legal document,* used by USAID to verify proposed salary information on a candidate. DAI is required by USAID to verify the accuracy of the information contained in the EBD form. *The possibility exists for potential civil and/or criminal penalties/actions by USAID against DAI associated with the submission of a falsified EBD form, or one that has not been properly verified*. *The making of false, fictitious, or fraudulent certifications may also result in actions against the job applicant ranging from refund claims to criminal prosecution.*

You are requested to complete the following information for verification. Your acknowledgement and signature below give DAI permission to conduct the verification.

(Name)

(Social Security or ID #)

(Highest Academic Degree/Subject)

(Date Awarded)

I, \_\_\_\_\_\_, certify that the information provided by me on this Employee Biographical Datasheet are to the best of my knowledge and belief, true and correct without mental reservations of any kind whatsoever. I understand misrepresentation or falsification of facts called for herein or in any attachments supplied is cause for civil and or criminal penalties, refusal of employment, or immediate dismissal of employment.

I authorize DAI to verify any and all information contained in this application and to inquire about my work history from former employers and others, and I release all concerned from any liability in connection with any information given.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date