



## Criminal Verification Letter of Authority

Please read carefully and sign the following statement

I hereby consent to I-Cover or any employee or agent of I-Cover the authority to obtain a copy of my criminal record extract, in accordance with local applicable laws with regards to an employment application that I Cover is currently assisting with.

I hereby authorize and require that I-Cover conducts a criminal record verification about me and communicates this information only to my future employer.

My personal details are (necessary for the check):

Full Legal  
Name: \_\_\_\_\_

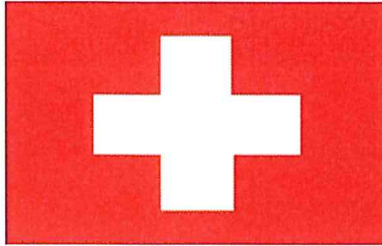
Maiden Surname: \_\_\_\_\_ Identification#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

The information is only for my job application and CANNOT be used in any other form and MUST be destroyed within the time required by law.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Completing the Switzerland Special Consent Form**



1. The form should include the following details in the appropriate fields:
  - a. The applicant's Full Legal Name
  - b. Maiden Surname
  - c. Date of Birth
  - d. Identification Number
  - e. Place of Birth
  - f. Applicant's Signature and the Date