

EMPLOYER DISCLOSURE AND APPLICANT AUTHORIZATION

_____ ("Company") hereby discloses to you that a consumer report, as defined by the Fair Credit Reporting Act, may be obtained for employment purposes by it, its affiliates, representatives, or agents. The undersigned hereby authorizes the procurement of the consumer report.

Applicant Signature _____ Date _____

Printed Name: _____

Do not staple or otherwise attach this to the Disclosure and Authorization Form.

This is a separate document.

APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I have authorized _____ to obtain a consumer report and/or investigative consumer report about me, for employment-related purposes, at any time to the extent allowed by law.

I authorize all corporations, employers, co-workers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background, including but not limited to driving records, court records, workers compensation records, credit report, academic records, professional license record, and employment-related information or records.

I understand that an investigative consumer report is a special type of consumer report that is obtained through interviews and may contain information about my character, general reputation, personal characteristics, and/or mode of living. Upon my written request within a reasonable period of time, a complete disclosure of the nature and scope of that investigation will be made to me in writing within five days of the date on which the request was received.

I agree that this *Applicant Release Regarding Consumer and Investigative Consumer Reports* will be valid, now and at all times in the future, in original, faxed, copied or electronic form.

Information from the consumer report will not be used in violation of any applicable federal, state, or local equal employment opportunity law or regulation.

I acknowledge that I have received a copy of the "*Summary of Your Rights Under the Fair Credit Reporting Act.*"

I understand that my date of birth will be used solely for identification purposes and will not be taken into account in any employment decisions.

First Name _____ Full Middle _____ Last _____ Suffix _____

Any other name(s) used _____

Social Security # _____ Date of Birth _____

Position Applied For _____

Present Address _____

City/State/Zip/County _____

Telephone Number(s) _____ Email Address _____

Previous Cities/States/ZipCodes/Counties of Residence During Last 7 Years _____

Driver's License # _____ State of Issuance _____

Applicant Signature _____ Date _____

Minnesota and Oklahoma residents only:

Please initial here only if you are requesting a copy of the consumer report prepared on you _____.

California Residents only: By signing, you acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please initial here if you would like to receive a copy of the consumer report prepared on you at no charge if one is obtained whenever you have a right to receive such a copy under California law. _____.

New York residents only: By signing, you acknowledge receipt of Article 23-A of the New York Correction Law.

Texas residents only: If you are denied employment, you will receive a copy of the consumer report and an explanation of the reason for denial, and the name and address of the consumer reporting agency that furnished the information.