

Background Check Disclosure & Authorization

Disclosure to Applicant/Employee That a Consumer Report May Be Obtained by Employer

Please note that in connection with your application for employment and/or ongoing employment with our Company, we may obtain a "consumer report," as defined in the Fair Credit Reporting Act (FCRA), from a consumer reporting agency. Consumer reports include, but are not limited to, credit reports, criminal background checks and motor vehicle reports.

Authorization for Employer to Obtain Consumer Report

By signing below, I hereby acknowledge that I have read the above disclosure and voluntarily authorize the Company, including its agents and representatives, to obtain a consumer report on me for use in connection with my application for employment or ongoing employment with the Company. If hired or currently employed, I understand that this authorization will remain on file and will serve as an ongoing authorization, to the extent permitted by law, for a consumer report to be lawfully obtained at any time in connection with my employment.

I further understand that the Company will provide me a copy of the consumer report if the information in the report is used, in any way, to make decisions regarding my fitness for employment or ongoing employment with the Company. I understand that the report will be made available to me before any employment decisions are made, along with a summary of my rights under the Fair Credit Reporting Act.

The following information is necessary to confirm your identity for completing an accurate background check. It is confidential and will not be taken into consideration in any employment decisions.

Please Print

Last Name: _____ First Name: _____ Middle Name: _____

Current Address: _____ City: _____ State: _____ ZIP: _____

Please list previous addresses for the past seven years (in chronological order):

Previous Address: _____ From: ____/____/____ To: ____/____/____

Previous Address: _____ From: ____/____/____ To: ____/____/____

Previous Address: _____ From: ____/____/____ To: ____/____/____

Social Security Number: _____ Other Names Used (alias, maiden): _____

Date of Birth: ____/____/____ Driver's License Number/State: _____

Signature of Applicant/Employee: _____ Date: ____/____/____

Name of Company/Employer: _____ Date: ____/____/____

Employer: Keep the Background Check Disclosure & Authorization form separate from other employee personnel records. Give applicant/employee a copy of this form and retain the original for your records.