FEDERAL DISCLOSURE REGARDING CONSUMER REPORT AND/OR INVESTIGATION

I hereby authorize to The Pre-Check Com	npany (herea	fter referred to as "consum	(hereafter referred to as " ner reporting agency"), to inve	Client") and or its stigate my backgro	agent, including but not limited bund for employment purposes.
purposes. The informa and beyond seven (7) according to state and alcohol abuse, persona	ation obtaine years regard I federal lawa al characteria	d may include an "investion ding my past employment s), motor vehicle history,	gative consumer report" into a , work habits, salary history, o all workers' compensation his eneral reputation. Pre-Check	the last seven (7) education, crimina story, civil records	ned necessary for employment years of my credit background I background (when applicable , use of illegal substances and ny information regarding arrest
	al interviews	with my associates, friend			ds and public agencies may be who may have such knowledge
defined under §603(h)	and authori	ized under §604(a)(3)(B)		Act, 15 U.S.C. § 1	or "employment purposes," as 981, <i>et seq.</i> , as a report to be
			formation obtained in the reposes Under the Fair Credit Repo		will be provided a copy of the
	etion of the i	nvestigation. The address			e in writing within a reasonable 5, Westlake, Ohio, 44145, and
		PI FASE FI	LL IN EACH BLANK SPAC	ÇE.	
NAME:	I LLAGE I		PHONE	JL.	
FORMER NAME:			SOCIAL SECURITY #:		
CURRENT ADDRESS:			PREVIOUS ADDRESS:		
CITY:			CITY:		
STATE:	ZIP:		STATE:	ZIP:	
COUNTY:			COUNTY:		
			LENGTH OF RESIDEN	CE: Years:	Months:
LENGTH OF RESIDENCE: Years: Months:			LENGTH OF RESIDENC	JE. Tears	IVIOTICIS
DRIVER'S LICENS	SE: STATE	DL NUMBE	ER .		
DATE OF BIRTH:					
MAY WE CONTA EMPLOYER?					
YES	NO	N/A			
					foregoing is true and correct uthorization shall be sufficien
cause for dismissa			inplote etatemente el mater		atriorization oriali so oamolon
DATE: SIGNATURE:					
		in	e an equal opportunity opp	lover and does	not discriminate against
applicants or em	ployees ba		s an equal opportunity emp gion, gender, gender ident		
		disability, or veteran st		, ,	, 2. 2

Rev. 10/10/17

Client Account #____NEW____