

STATE SPECIFIC DISCLOSURE FOR CONSUMER REPORTS AND/OR INVESTIGATIONS

I hereby authorize - (hereafter referred to as "Client") and or its agent, including but not limited to The Pre-Check Company (hereafter referred to as "Pre-Check"), to investigate my background my background now and at any time in the future during my employment with the Client..

I understand that Pre-Check will conduct investigations to obtain information as deemed necessary for employment purposes. The information obtained may include an "investigative consumer report" into the last seven (7) years of my credit background and beyond seven (7) years regarding my past employment, work habits, salary history, education, criminal background (when applicable according to state laws), motor vehicle history, all workers' compensation history, civil records, use of illegal substances and alcohol abuse, personal characteristics, mode of living and general reputation. Pre-Check will not disclose any information regarding arrest records past (7) years or conviction records that have been expunged or sealed.

I understand that any consumer report or investigative consumer report requested will be used strictly for "employment purposes," that direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies may be made, and that personal interviews with my associates, friends, acquaintances, neighbors, or other persons who may have such knowledge may be held to obtain such information. A photographic or faxed copy of this form shall be as valid as the original.

I also understand that before an adverse action based on information obtained in the report will be taken, I will be provided a copy of the report and the document entitled, "Disclosure Regarding Consumer and/or Investigative Report."

I understand I may request an outline of the nature and scope of the investigation if such request is made in writing within a reasonable period after the completion of the investigation. The address of The Pre-Check Company is P.O. Box 45375, Westlake, Ohio, 44145, and its toll-free telephone number is (800) 268-2435.

<p>California applicants or employees only: By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVILCODE §1786.22. Please check the appropriate box below if you would like to receive a copy of your investigative consumer report at no charge.</p>
<p>Minnesota and Oklahoma applicants or employees only: Please check the appropriate box below if you would like your consumer report at no charge.</p>
<p>New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting the Pre-Check identified above directly. You may also contact the Client to request the name, address and telephone number of the nearest unit of the Pre-Check designated to handle inquiries, which the Client shall provide within 5 days.</p>
<p>New York applicants or employees only: Upon request, you will be informed whether a consumer report was requested by Client, and if such report was requested, informed of the name and address of the Pre-Check that furnished the report. By signing the authorization, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p>Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Client has not maintained secured records is available to you upon request.</p>
<p>Vermont applicants or employees only: By signing below, you also have the right to request from the Pre-Check a written summary of your rights under the provisions of VERMONT FAIR CREDIT REPORTING ACT SECTION 2480 e (2).</p>
<p>Washington State applicants or employees only: You also have the right to request from the Pre-Check a written summary of your rights and remedies under the Washington Fair Credit Reporting Act, Wash. Rev. Code, Chapter 19.182</p>

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CLIENT:

I understand that by signing my name below, that I am signing the Authorization form directing the background check as described below, and I certify that:

- I have received the State Specific Disclosure Regarding Consumer and/or Investigative Report (page 1 of 2), have read and received the Summary of Your Rights, and if a California resident/applicant, the document entitled, "A Summary of Your Rights Under the Provisions of California Civil Code §1786.22."
- I understand that my signature now and throughout this process will be binding. Additionally, notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax"), electronic or printout of this authorization may be accepted with the same authority as the original.
- I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **The Pre-Check Company** at any time after receipt of this authorization and throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information including an "investigative consumer report" into the last seven (7) years of my credit background and beyond seven (7) years regarding my past employment, work habits, salary history, education, criminal background, motor vehicle history, any and all workers' compensation history, civil records, use of illegal substances and alcohol abuse, personal characteristics, mode of living and general reputation.

For **California, Oklahoma, or Minnesota** employees and applicants: Please check the appropriate box to indicate if you would like to receive a copy of your consumer report free of charge. Yes No

PLEASE FILL IN EACH BLANK SPACE:			
NAME:		PHONE	
FORMER NAME:		SOCIAL SECURITY #:	
CURRENT ADDRESS:		PREVIOUS ADDRESS:	
CITY:		CITY:	
STATE:	ZIP:	STATE:	ZIP:
COUNTY:		COUNTY:	
LENGTH OF RESIDENCE:	Years: ____ Months: ____	LENGTH OF RESIDENCE:	Years: ____ Months: ____
DRIVER'S LICENSE: STATE:	DL NUMBER:		
DATE OF BIRTH:			
MAY WE CONTACT YOUR CURRENT EMPLOYER?			
YES NO N/A			
In addition to authorizing the background investigation, I declare under penalty of perjury that the foregoing is true and correct, and I understand that if I am employed, false or incomplete statements of material fact on this authorization shall be sufficient cause for dismissal / refusal to employ.			

DATE: _____ SIGNATURE: _____

Client Account # ____NEW____

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