

PRE-EMPLOYMENT INFORMATION DISCLOSURE NOTICE AND ACKNOWLEDGEMENT

JOB SITE: _____

EMPLOYER: _____

Full Name: _____ SS#: _____

Any other name(s) used in the past or present: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State: _____

(Only for motor vehicle report)

Date of Birth: _____

In applying for employment with _____ ("Company"), I hereby authorize the Company, or any designated agent(s) working on the Company's behalf, including but not limited to reporting agencies or professional investors to obtain and review those reports checked off below as well as following up on information presented in the reports. The Company, or its agents may also request these reports and information during the course of any employment as a condition of continued employment. My consent extends to any possible investigations performed during the course of the employment, including those related to complaints of discrimination, harassment, theft or other conduct.

It is my understanding the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that, before any adverse action is taken, based on upon review of such consumer credit report, I will be provided with a copy of said report as well as a summary of consumer's rights.

I understand the nature and scope of said inquiries may include, but are not limited to, verification, inspection and/or reporting of any lawfully available records or information pertaining to work history; social security number, education; workers' compensation claims, criminal and civil court related actions; driving history (including traffic related offenses); personal financial status (including consumer credit reports); and any other information available from any public or otherwise documented record. It may also include inquires regarding any past or present business, professional or personal activities.

I hereby state that to the best of my knowledge all information I have provided to the Company, and any reporting agency, in any form, is true and accurate. I understand that any misrepresentation made to the Company or reporting agency by me will exclude me from further

consideration as a candidate for employment or advancement, and may result in termination of my employment with the Company if I am hired or advanced by the Company before such misrepresentation is discovered. I fully understand this authorization, waiver and release of liability is not an offer or a contract for employment by the Company. It is also understood that the Company operates under an “at-will” employment policy and that this authorization and release does not alter or affect this policy in any manner.

Authorization to Obtain Criminal Information _____ Initials

I hereby authorize the Company, reporting agency or investigator to request, obtain and examine any and all records that may relate to my arrest, conviction and/or imprisonment at any time prior to this date, to the extent permitted by law

Authorization to Obtain Credit Report _____ Initials

I hereby authorize the Company, reporting agency or investigator to make inquiry into, investigate, and examine any and all records that may relate to my current or past credit worthiness; such information to include (but not be limited to) a retail credit report provided by any of the commercial retail credit reporting companies.

Authorization to Obtain Background Report _____ Initials

I hereby authorize the Company, reporting agency or investigator to request an employment background report.

Authorization to Obtain Educational Background _____ Initials

I hereby authorize the Company or reporting agency to request an educational background report.

Authorization to Obtain Motor Vehicle Records _____ Initials

I hereby authorize the Company, reporting agency or investigator to acquire and examine a copy of my current Motor Vehicle Record.

Authorization to Obtain Past Workers Compensation History and Medical Information _____ Initials

I hereby authorize the Company, reporting agency, investigator or physician to acquire and examine, after a conditioned job offer, information about past workers compensation claims and medical history.

Authorization to Conduct Post-Hire Investigation _____ Initials

I hereby authorize the Company, reporting agency or investigator to obtain reports or conduct investigations as a condition of continued employment.

For information on your rights under the Fair Credit Reporting Act, please go to www.ftc.gov.

Note: A copy of this form shall be valid as the original.