

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

*PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGEMENT*

In connection with your application for employment, the Company may obtain information about you from TeamScen Solutions LLC, a Consumer Reporting Agency (CRA). Thus, you may be the subject of "consumer reports" and "investigative consumer reports" which may include information about your character, general reputation, personal characteristics and mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Reports may also contain public records (including criminal records), eviction records, driving history information, consumer credit, employment and education verifications, etc. These reports may be obtained at any time after receipt of your authorization and throughout the term of any employment. You have the right, upon written request made after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report.

### APPLICANT/EMPLOYEE:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Email: \_\_\_\_\_

## ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and the SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both. I hereby authorize the obtaining of "consumer reports" and "investigative consumer reports" at any time after receipt of this authorization and, if I am contracted for employment, throughout the term of my contract. I hereby authorize, without reservation, any law enforcement agency, administrator, 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 requested by any consumer reporting agency acting on behalf of the Company. I certify that the information provided is true and complete to the best of my knowledge and agree that a facsimile ("fax") or photocopy copy of this Authorization shall be as valid as the original.

- I agree to receive all communications regarding any consumer report or investigative consumer report as may be required by the Fair Credit Reporting Act or such other state or local laws via email at your designated email address.
  
- Oklahoma, Maine, and Minnesota applicants may obtain a copy of this consumer report by checking this box.

### APPLICANT:

Signature: _____	Date: _____
Printed Name: _____	Email: _____
Social Security Number: _____	Date of Birth: _____
Driver's License Number: _____	State of Issuance: _____
Alias/Maiden Name(s): _____	

**(List all addresses during the past 7 years)**

Current Residence Address:

\_\_\_\_\_  
(Street)                                      (Apt #)                                      (City)                                      (State)                                      (ZIP)                                      (Dates)

Previous Addresses:

\_\_\_\_\_  
(Street)                                      (Apt #)                                      (City)                                      (State)                                      (ZIP)                                      (Dates)

\_\_\_\_\_  
(Street)                                      (Apt #)                                      (City)                                      (State)                                      (ZIP)                                      (Dates)

\_\_\_\_\_  
(Street)                                      (Apt #)                                      (City)                                      (State)                                      (ZIP)                                      (Dates)