## BACKGROUND CHECK NOTICE TO APPLICANT AND AUTHORIZATION FOR CONSUMER REPORT

The purpose of this notice is to inform you that we will be conducting a pre-employment background investigation in conjunction with your application for employment with our company. This background investigation may involve verifying or reviewing any of the following relevant information:

- Social Security Number
- DMV Record
- Criminal Convictions
- Prior Employment History
- Educational History

As part of this investigation, the Company will obtain a consumer report from a Consumer Reporting Agency, Clear Checks, for employment purposes. The Company may use information in the consumer report for decisions related to your employment. A copy of the report will be provided to you, free of charge, if you wish.

By your signature below, you authorize the Company to obtain this consumer report. If you wish to receive a copy of the report, please include your address below. This notice and authorization is in accordance with the Fair Credit Reporting Act.

Lauthorize the Company to obtain a consumer report for employment purposes.

Signature:	Name (print):			Date:
Email Address:		-		
I wish to receive a copy of Print Name (Last, First, & N	my consumer report. My ad Aiddle)	ddress is:		
Ctroot Address		City	Stata	7in Codo
Street Address		City	State	Zip Code

The following is intended to inform and otherwise notify the Credit Reporting Agency:

This notice is intended to certify compliance, to the best of our ability, with the requirements as outlined in the Fair Credit Reporting Act. The applicant or employee's signature demonstrates their express authorization and understanding of this background check and the information it will yield.

I, the Employer, certify the following:

- The applicant, or employee, has been notified, and their permission was granted to get a consumer report;
- I have complied with all of the FCRA requirements; and
- There will be no discrimination against the applicant or other misuse of the information, as provided by any applicable federal or state equal opportunity laws or regulations.

Date:	Signature:	
Name (print): _		_Title:

\*\* You will receive an email from Clear Checks. Please complete upon receipt.