



BACKGROUND INVESTIGATIVE AUTHORIZATION

I understand that (Client) _____ reserves the right to conduct background investigations concerning applicants and employees. I further understand such background investigations may be updated periodically if I am employed by Client. I understand background investigations on me may include gathering information through consumer reporting agencies, driver's license searches, and/or criminal record searches, or through personal interviews with my previous employers (including ending salary, dates of employment, work ethic, disciplines, etc.) neighbors, friends, or others with whom I am acquainted. These investigations may include information relating to my credit history, criminal history, character, education (including course of studies, grade point average, dates attended, degree earned), general reputation, and personal characteristics, as permitted by law. This investigation may also include investigative consumer reports as defined in the Federal Fair Credit Reporting Act. This notice is given in compliance with the Act.

I understand that I have the right to make a written request within a reasonable period of time to receive information about the nature and scope of an investigative report obtained pursuant to the Act. I understand that I may request the name and address of the reporting agency furnishing such a report obtained under the Act; however, I also understand that Client is not responsible by law nor is it obligated in any way to provide me a copy of any report or to disclose to me the content of any report it receives from any reporting agency obtained under the Act. If I desire a copy of any such report, it is my responsibility to obtain a copy at my expense from the reporting agency.

I do hereby expressly release Client and its employees and any person, association, firm, or corporation furnishing Client with any information concerning me or my affairs from any claims, cause of action, or damages that may have or purport to have arisen by reason of having disclosed or furnished any information concerning me or my affairs, the provision of any law to the contrary being hereby expressly waived.

Acknowledged and agreed to this _____ day of _____, 20_____.

Employee/Applicant Signature

Social Security Number

Printed Full Name

Date of Birth

Home Address

City/State/Zip