



SHIPPERZ

TOWING & RECOVERY

Background Check Authorization & Disclosure

This document serves as a standalone disclosure and authorization in accordance with the Fair Credit Reporting Act (FCRA) and New York State law. I

hereby authorize Shipperz Towing & Recovery, LLC to obtain consumer reports and/or investigative consumer reports about me for employment purposes. I understand that this may include information regarding my criminal history, driving record, employment history, education, and other background information as permitted by law.

I understand that under federal and New York law, my written consent is required prior to any background investigation being conducted. I acknowledge that I have the right to request additional information regarding the nature and scope of the investigation.

I understand that if any adverse employment decision is made based on this report, I will be provided a copy of the report and my rights under applicable law. I certify that all information provided by me is true and correct to the best of my knowledge.

Full Name:

Date of Birth:

Social Security Number:

Driver License Number/State:

Current Address:

Phone Number:

Email Address:

Applicant Signature:

Date:

I _____ certify the previous information is true and valid to the best of my knowledge. (Please Check Box)

This authorization complies with applicable federal and New York State employment screening laws.