



Company Name: _____ Company Acct #: _____

ASAP AUTHORIZATION AND DISCLOSURE FORM FOR SOCIAL SECURITY VERIFICATION

I understand my Employer, _____, will verify my social security number for employment purposes, from ASAP Drug Solutions, Inc. (ASAP) through its use of an outside agency.

- 1. I authorize ASAP to obtain all relevant information required to perform the social security verification and produce a report on me based on the results of that check, through the use of an outside agency. I authorize ASAP to provide this report to my Employer. I acknowledge that I have signed my Employer's authorization form/ disclosure form, and consent to this social security verification. This social security verification is used for identification and employment purposes only.
2. I have been advised that social security verification through an outside agency may constitute a "consumer report" under the federal Fair Credit Reporting Act. ("FCRA"). My Employer has provided me with a copy of "Summary of Rights under FCRA". Social security verification is not a credit check and this will not adversely affect your credit rating.
3. Although ASAP obtains the information upon which social security verification is based from sources it considers to be reliable, ASAP does not verify that information and is not a guarantor of such information.
4. If information from the Report has been utilized in whole or in part in connection with any adverse action taken by my Employer, prior to taking any adverse action, my Employer will provide me with a copy of the report and a written description of my rights under the Fair Credit Reporting Act.
5. I also understand that in the event I believe any information in the report is inaccurate or incomplete, I have the right to dispute that information, including requiring ASAP to reinvestigate the information and, if the dispute is not resolved, to file a dispute statement with ASAP. I have the right to inspect any file maintained on me by ASAP and receive a telephonic summary of the file or a copy of the file upon written request.
6. To the maximum extent permitted under applicable law, I hereby release ASAP from all claims and liabilities in connection with the social security verification report, and the release of the report to my Employer and/or release of my "status" to the entities listed below.
7. I also authorize ASAP to disclose information about the "status" of my social security verification report as "Not-on-file", "Complete" or "Incomplete", to all Los Angeles Clean Card (LACC) and ASAP Contractor Consortium (ASAPCC)-affiliated Contractors requesting verification of such "status", and to disclose the same "status" information to LACC and ASAPCC Plant Owners on whose sites I seek to work or am currently working, for eligibility to work at Owner's sites. "Status" can be accessed through the password-protected and secure ASAP website. A status of "Complete" indicates social security number has been verified. "Incomplete Pending" indicates the check is in progress; "Incomplete Verifying" indicates information is being verified; "Incomplete" indicates social security number cannot be verified through the use of an outside agency. This authorization for release of "status" to the Consortium Contractor Member Companies and Owners shall terminate 6 years after the latest date of my being an active member of the LACC and ASAPCC Consortium respectively.
8. This social security verification authorization shall serve as ongoing authorization and remain in effect during my employment with my Employer until I give written notice of revocation to ASAP at 455 East Carson Plaza Dr., Carson, CA 90746. The releases contained in this form shall survive any revocation with respect to matters arising prior to the effective date of revocation. A facsimile, photocopy, or electronic copy of this form shall be considered as valid as the original. I am entitled to a copy of this authorization upon request.

I certify that I have read and understand this disclosure and authorization form.

Print First Name: _____

Middle Name: _____

Last Name: _____

Social Security Number: _____ - _____ - _____ Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Current Street Address: _____ City: _____

State: _____ Zip Code: _____

Employee's Signature

Today's Date



Company Name: _____ Company Acct #: _____

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes accuracy, fairness, and privacy of information in the files of “consumer reporting agency” (CRA). There are many types of CRAs, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records. Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580. Here is a summary of your major rights under the FCRA.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You have the right to know what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: (1) there is an adverse action against you based on your credit report; (2) you are a victim of identity theft and place a fraud alert in your file; (3) your report is inaccurate due to fraud; (4) you are on welfare; (5) you are unemployed but expect to apply for employment within 60 days. All consumers are entitled to one free disclosure every 12 months from each credit bureau—see www.ftc.gov/credit for more information.
- **You can dispute inaccurate information with the CRA.** If you identify information in your file that is incomplete or inaccurate, and report it to the CRA, the agency must investigate. See www.ftc.gov/credit for information on dispute procedures.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, a CRA may continue to report information it has verified as accurate.
- **CRA may not report outdated negative information.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **You must give your consent for reports to be provided to employers.** A CRA may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. For more information, go to www.ftc.gov/credit.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at (888) 5-OPTOUT ((888)567-8688).

- **You may seek damages from violators.** If a CRA, or, in some cases, a user of consumer reports or a furnisher of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:	
FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission, Consumer Response Center – CRC 600 Pennsylvania Ave., NW Washington, DC 20580 (877) FTC-HELP ((877)382-4357)
Identity Theft	Identity Theft Data Clearinghouse 600 Pennsylvania Ave., NW Washington, DC 20580 (877) ID THEFT
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency/Compliance Management, Mail Stop 6-6, Washington, DC 20219 (800) 613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Consumer Help (FRCH) P.O. Box 1200 Minneapolis, MN 55480 (888) 851-1920 www.federalreserveconsumerhelp.gov
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaint Washington D.C. 20552 (800) 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 (703) 519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Ave., STE.100 Kansas City, MO 64108 (877) 275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 (202) 720-7051