## **Disclosure Regarding Employment Background Report**

consumer report and/or an background information a employment application. If may obtain from American 9	("COMPANY") may obtain from American Screening, CT 06248, 888-251-4044 www.americanscreening.com a investigative consumer report ("REPORT") that contains about you in connection with your employment or you are hired, to the extent permitted by law, COMPANY Screening further reports throughout your employment for thout providing further disclosure or obtaining additional
personal characteristics, ar limited to, credit reports a records and history; public of motor vehicle and driving professional disciplinary a verification and address his federal and state law. This is sources, including credit but	information about your character, general reputation, and mode of living. The REPORT may include, but is not and credit history information; criminal and other public ourt records (e.g., bankruptcies, tax liens and judgments); records; educational and employment history, including ctions; drug/alcohol test results; and Social Security story, subject to any limitations imposed by applicable aformation may be obtained from public record and private reaus, government agencies and judicial records, former institutions, and other sources.
	r REPORT is obtained, in addition to the description above, any such REPORT will be employment verifications and rences.
Race:	Prefer not to say:
Gender:	Prefer not to say:
Signature	
Print name	

Date

## **Authorization to Obtain Employment Background Report**

I have read the Disclosure Regarding Employment Background Report provided by ("COMPANY") and this Authorization to Obtain Employment Background Report. By my signature below, I hereby consent to the preparation by American Screening, LLC, a consumer reporting agency address: PO Box 1444 Hebron, CT 06248 can be reached at 888-251-4044 www.americanscreening.com of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making an employment decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to American Screening, LLC and/or the COMPANY itself, and authorize American Screening, LLC to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT." INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (To be used for no other purposes). Full Name \_\_\_\_\_ First Name Middle Name Last Name Date of Birth: \_\_\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_ - \_\_\_\_ Driver's License Number: \_\_\_\_\_\_ State License issued: \_\_\_\_\_ Current Residence Address: \_\_\_\_ (Number and Street) (State) (City) (Zip) List all Residence Addresses in Past Seven Years (attach additional sheets if necessary) If a graduate, what was your name while attending? Please list any alternate names you have used in the last 7 years: First Name Middle Name Last Name First Name Middle Name Last Name First Name Middle Name Last Name I consent to a criminal background history to be performed for the following purpose: Purpose Code E Signature: Print name:

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

## State Law Notices Relating to Your Background Report

**Washington State Applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

☐ California,	Massachusetts,	Minnesota,	New	Jersey	and	Oklah	oma
Applicants	Only: Please chec	k the box to th	ne left i	f you wou	ıld like	a free	сору
of any REPO	ORT obtained by C	OMPANY from	n Ame	rican Scr	eening	, LLC.	

**New York Applicants Only:** By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.

Maine Applicants only: Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.