## **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

INVESTIGATION and that I have read and ur and/or "investigative of this authorization and the any law enforcement private), information serequested by <b>Verified</b>	A SUMMAnderstand be consumer resthroughout agency, adrervice burea First, 1550 m and/or E	oth of the ports" by my employ employ South Temployer.	ose documen  oyment, if app  or, state or fe  ver, or insurar  ech Lane, Su  I agree that	s U its. plic ede nce	INDER THE FAIR I hereby author cable. To this end eral agency, instite company to furi	E CREDIT REPOR ize the obtaining "Employer") at a I hereby authorize tution, school on hish any and all ba I daho 83642; T	ING BACKGROUND RTING ACT and certify of "consumer reports" ny time after receipt of ze, without reservation, r university (public or ackground information rel. # 1-888-670-9564; otographic copy of this	
<b>New York applicants only:</b> Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.								
<b>New York City applicants only:</b> You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.								
<b>Washington State applicants only:</b> 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.								
<b>Minnesota and Oklahoma applicants only:</b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.								
	PL	EASE C	OMPLET	Ξ/	ALL FIELDS E	BELOW		
Last Name			lame			Middle Name	check box if no middle name	
Social Security Number* ###-###		Date o	of Birth* month/dat	te/ye	ear Email Address red		ed	
Driver's License Number	Issuing State	* Forme	Former Names/Aliases separate aliases with comma					
CURRENT ADDRESS FORMER EMPLOYER								
Street			Apt/Unit		Company		City, State	
City Sta		State	Zip		Position		Dates of Employment	
*This information will be used for back	urposes only an	d will not be used as h	ng criteria.					
Applicant Signature					Date			

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