



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

Information about you may be obtained from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records “driving records”, verification of your education or employment history, workers compensation injuries, employment and/or education history, or other background checks. Please be advised that the nature and scope of this notice and authorization is all-encompassing to include Safe Hire Solutions or another outside organization. By signing this notice and authorization you are allowing Safe Hire Solutions to obtain from any outside organization all manners of consumer reports and investigative reports now and throughout the course of your employment or involvement to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer reports.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Safe Hire Solutions at any time after receipt of this authorization and throughout my employment and or involvement, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance to furnish any and all background information requested by Safe Hire Solutions, and/or another outside organization. I agree that facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Safe Hire Solutions, LLC by contacting the consumer reporting agency identified above directly.

Maine, Massachusetts, Minnesota, New Jersey and Oklahoma applicants or employees only: Please initial if you would like to receive a copy of a consumer report if one is obtained by Safe Hire Solutions, LLC _____

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please initial here if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by Safe Hire Solutions whenever you have the right to receive such a copy under California law. _____

SIGNATURE OF ACKNOWLEDGEMENT AND AUTHORIZATION

By my signature below, I certify that the information provided on the attached forms is true and accurate to the best of my knowledge.

Please print name (last, first, middle) _____

Signature: _____ Date: _____



National Background Screening Consent Form

Please Print

Organization requesting the screening: _____

Applicant's Legal Name: *(As it appears on Driver's License, if applicable)*

First _____ Middle _____ Last _____

Social Security Number _____ Date of Birth _____

Applicant's Address:

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following;

- Social Security Verification
- Local & National Criminal background records/information
- Full Address Trace
- All 50 State Sex Offender Registries

I the undersigned, authorize this information to be obtained in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this Organization.

Print Name: _____ Date: _____

Signature: _____