NCSY Region:_____

DISCLOSURE & AUTHORIZATION

This serves to advise you that in consideration for employment or as a current employee, a consumer report and/or investigative consumer report may be obtained on you. This process may include verification of education; credit history; employment history; a review of any local, county, state, and federal government agency records; court public records; driving records (MVR), and employment references. Employment references may include information pertaining to your general character and reputation, work habits, and other employment related characteristics. If a credit report is obtained, the source credit bureau will be Experian Consumer Credit Services. Upon request, a copy of the credit report will be provided to you at no charge.

By signing this DISCLOSURE & AUTHORIZATION,

- You acknowledge receipt of this ***Disclosure & Authorization***, as well as receipt of ***A Summary of Your Rights Under the Fair Credit Reporting Act.***
- You give us permission to obtain a consumer report and/or investigative consumer report on you for employment purposes

For California, Minnesota, or Oklahoma Applicants:

☐ I request a copy of my consumer reports. E-mail Address:_____, or mailing address _____

Received and Authorized by:

The following is required to conduct pre-employment verifications. Date of birth and maiden name are not considered in the employment decision. This information is utilized for accurate records verifications only.

_____ _____ _____
Printed Full Name | Home Phone (include Area Code) | Work Phone (include Area Code)

_____ _____ _____
Social Security Number or Social Insurance Number | Maiden or other name used | Year last used | Date of Birth (Month/ Day/Year)

_____ _____
Drivers License Number | State | Home Address

---------- ---------- ----------
City | State | Zip Code

I request that this document in its original or copied form serve as my valid authorization to any and all persons, educational institutions, past and/or current employers, organizations, credit reporting agencies, law enforcement or criminal record agencies, and other agencies to release information about me to Accufacts, or its designated agent, and hereby release all such persons, institutions, agencies, employers, and organizations providing such information from liability in any or all claims and damages connected with their providing any requested information.

_____ _____
Signature | Date Signed

PLEASE FAX TO:
201-862-0914