

Authorization of Background Investigation

I have carefully read, and understand, this Authorization form and further acknowledge receipt of the separate document entitled "A Summary of Your Rights under the Fair Credit Reporting Act" (available at <http://www.S2Verify.com/resources.html> or as a hard copy provided by the COMPANY) and the "Applicant Disclosure Statement" and certify that I have read and understand both documents. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports ("Background Reports") prepared by a consumer reporting agency, such as S2Verify, LLC., to COMPANY and its designated representatives and agents for the purpose of determining my eligibility for employment, continuing employment, employment retention, promotion, reassignment, volunteering, as an independent contractor for services with the COMPANY, or other lawful purposes.

I understand that if COMPANY engages in a relationship with me, my consent will apply, and COMPANY may obtain Background Reports throughout my relationship with them, if such obtainment is permissible under applicable State law and COMPANY policy. I also understand that information contained in my application, or otherwise disclosed by me may be used when ordering the Background Reports and that nothing herein shall be construed as an offer of employment or a guarantee of a relationship with COMPANY.

I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the consumer reporting agency.

California, Minnesota or Oklahoma applicants only:

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

Additional State Law Notices

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation form.

Minnesota and Washington State: If COMPANY requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from COMPANY a complete and accurate disclosure of the nature and scope of the investigation requested by COMPANY. The COMPANY will provide the disclosure of the nature and scope of the investigation either five days after receiving your request or after requesting the investigative consumer report, whichever is later.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, COMPANY.

First Name: _____ Middle Initial _____ Last Name: _____

(FULL LEGAL NAME AS ON DRIVERS LICENSE)

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

(Only for Paid Employees/Clergy/Religious)

Drivers License Number _____ State of Issue _____

Email Address: _____ Phone Number: _____

Signature: _____ Date: _____