

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of 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 the Company at any time after the receipt of this authorization and throughout my employment, 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 company to furnish any and all background information requested by First Advantage P.O> Box 105292 Atlanta GA 30348, 1-800-845-6004, another outside organization acting on behalf of the Company , and/or the Company itself. Their privacy Policy can be reviewed at <http://www.fady.com/privacy-policy/> . I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report at no charge if one is obtained by the Company. []

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative report or consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. []

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

Last Name: _____ First Name _____

Middle Name: _____

Signature: _____ Date: _____

** If you will be requesting driving records, we recommend that you have this notarized.

Please note: Nothing contained herein should be construed as legal advice or guidance. Employers should consult their own counsel about their compliance responsibilities under the FCRA and applicable State law. First Advantage expressly disclaims any warranties or responsibility or damages associated with or arising out of information provided herein.

Employers please note: If a Minnesota or Oklahoma consumer checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you request a credit report), please fax this form to your First Advantage service center. If consumer checks "YES" regarding the full consumer, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangements with First Advantage to do so on your behalf. Account Number: _____

Consumer Information

Last Name: _____ First Name: _____

Middle Name: _____

Other Names/Aliases: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State of Driver's License: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Former Employer: _____

Position: _____ Dates of Employment: _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

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