



RELEASE and DISCLOSURE AUTHORIZATION

In connection with my application for employment or continued employment (including contract for services), I understand and acknowledge that as directed by company policy, a consumer report (including a credit report) or investigative consumer report may be compiled on me. This report may include information as to my character, personal characteristics, mode of living, general reputation, criminal history, credit and indebtedness, academic credentials, employment history, work habits, job performance, experience and reasons for termination, education, qualifications and motor vehicle driving record. This report may contain information from various public and private sources including corporations, law enforcement agencies at the federal, state or county level, credit bureaus, courts record repositories, departments of motor vehicles, past or present employers, educational institutions, governmental occupational licensing or registration entities, business or personal references and any other source required to verify information that I have voluntarily supplied. Medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

I understand that I have the right to request additional disclosures as to the nature and scope of the investigative consumer report. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained from a consumer-reporting agency. If employment is denied, I will be notified and provided with the name and address of the consumer-reporting agency (also indicated below). I acknowledge that I have been provided with a copy of A Summary of Your Rights under the Fair Credit Reporting Act.

By signing below, I hereby authorize, empower and release from all liability, without reservation, any party or agency contacted by _____ and/or Premier Employment Screening Services to furnish the above mentioned information. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract). I agree that a fax or photocopy of this authorization is to be considered and accepted with the same authority as the original.

PLEASE PRINT:

| | | | | | |
|---|-------------------------------|--|-----------------------|-----------------------|--|
| _____ | | _____ | | _____ | |
| Last Name | | First Name | | Middle Initial | |
| _____ | | _____ | | _____ | |
| Other Name(s) Used (attach additional sheet(s) if necessary) | | Date(s) you Stopped Using Other Name(s) | | | |
| _____ | | _____ | | _____ | |
| Current Street Address | | City | State | Zip Code | |
| _____ | | _____ | | _____ | |
| Date of Birth* (mm/dd/year) | Social Security Number | Current Driver License Number | State of Issue | Exp. Date | |
| _____ | _____ | _____ | _____ | _____ | |

*(The age discrimination act in the employment act of 1967 prohibits discrimination in employment based on age.)

| | |
|------------------------------|---------------------|
| _____ | _____ |
| Applicant's Signature | Today's Date |

These reports will be processed by: *Premier Employment Screening Services 113 S. College Avenue, Fort Collins, CO 80524 or (800)350-7941*. Questions as to the validity of this authorization may be directed to Premier Employment Screening Services.

- California Applicants:** I am a resident of California and I wish to receive a copy of my consumer report.
If checked, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report. A summary of the consumer rights provisions of California Civil Code Section 1786.22 have been provided to me.
- Minnesota or Oklahoma Applicants:** I am a resident of Minnesota or Oklahoma and I wish to receive a copy of my consumer report.
- New York Applicants:** I am a resident of New York. By checking this box, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report (as indicated above).

NOTARIZATION IS REQUIRED

When using an embossed seal, please shade before faxing.

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me this

_____ day of _____ 20_____

By _____
(Print name of claimant)

Signature of Notary Public _____

My commission expires: _____

Please only place notary seal inside box below.

