



Toll Free 866-350-5638 www.employersis.net

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ (the "Company") may obtain a consumer report and/or investigative consumer report on you for employment purposes. **Employer's Investigative Services**, or another consumer reporting agency, will obtain the report for the Company **Employer's Investigative Services** is located at 714 4th St., Orland, CA 95963 and can be reached at 866-350-5638. The report will contain any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit, capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer's eligibility for (A) employment purposes; or (B) any other purpose authorized under section 604 of the Fair Credit Reporting Act. The types of information that may be obtained include, but are not limited to: credit reports, social security number verification, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, licensing and certification checks, etc. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. I understand that while the information contained in the report or reports provided has been obtained by various third parties from public record data sources deemed reliable, their accuracy cannot be guaranteed due to potential human error in the actual recording or retrieval of the record. The nature and scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and/or investigative consumer reports now and, if you are hired, throughout the course of your employment 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 report. You are nonetheless entitled to request more information about the nature and scope of such reports by submitting a written request to: Employer's Investigative Services, Compliance Department, P.O. Box 906, Orland, California 95963 or faxed to 530-865-8552. The Company is furnishing you with a SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT in a form prescribed by the Federal Trade Commission.

ADDITIONAL STATE LAW NOTICES

If you live or are applying for a job in the state of California, Maine or New York, please review these additional notices.

CALIFORNIA: Under California Civil Code section 1786.22, you are entitled to find out from an ICRA (Employer's Investigative Services) what is in the file on you with proper identification, as follows:

1. In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. Employer's Investigative Services may not charge you more than the actual copying costs for providing you with a copy of your file.
2. A summary of all information contained in Employer's Investigative Services' file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
3. By requesting a copy be sent to a specified addressee by certified or registered mail. By complying with requests for certified or registered mailings, Employer's Investigative Services shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave its office.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may Employer's Investigative Services require additional information concerning your employment and personal or family history in order to verify your identity.

Employer's Investigative Services will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. Employer's Investigative Services may require you to furnish a written statement granting permission to it to discuss your file in such person's presence.

MAINE: You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK: You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

AUTHORIZATION FOR BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understood both of those documents. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by Employer's Investigative Services to the Company. I understand that if the Company hires me, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to Employer's Investigative Services, Compliance Department, P.O. Box 906, Orland, California 95963 or faxed to 530-865-8552.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during or after my employment, if any, may be utilized for the purpose of obtaining consumer reports or investigative consumer reports. By my signature below, I also authorize the disclosure of information concerning my employment history, earnings history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information deemed pertinent by the consumer reporting agency to the agency by the following: past or present employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; credit bureaus; and, motor vehicle records agencies.

- For residents of, or for jobs located in California, Minnesota and Oklahoma only: Please check this box if you would like to receive a copy of your consumer report.

Notice to NEW YORK Applicants

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

- Please initial here to acknowledge receipt of Article 23-A of the New York Correction**

Name: Last

First

Middle

List all other names used in the last 7 years:

Date of Birth:

Social Security Number:

Drivers License Number:

State issued:

Current Address:

Address

City:

State:

Zip:

Address History - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:

Dates:

Address

City:

State:

Zip:

Dates:

Address

City:

State:

Zip:

Dates:

Address

City:

State:

Zip:

Daytime phone number: ()

Email Address:

Signature X _____

Applicants: Return this form to your employer. **Employer:** Please fax this form upon request to 530-865-8552

**INFORMATION AND AUTHORIZATION FORM FOR REFERENCE, EDUCATION OR LICENSE
VERIFICATION INFORMATION ONLY!!!!
CA. APPLICANTS MUST SIGN AT ALL TIMES!!!!**

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY EMPLOYER'S INVESTIGATIVE SERVICES. A PHOTOGRAPHIC OR FAXED COPY OF THIS INFORMATION & RELEASE FORM SHALL BE AS VALID AS THE ORIGINAL.

I HEREBY AUTHORIZE YOU TO PROVIDE INFORMATION TO E.I.S. Phone (866) 350-5638 Fax (530) 865-8552

THE FOLLOWING MUST BE FILLED OUT COMPLETELYPLEASE USE A PEN WITH BLACK INK

(Please Print Clearly)

Name: Last	First	Middle
Home address		
City	State	Zip

Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State		Zip	
Position	Supervisor		Telephone (include Area Code)	

Please provide the school, university or college name (highest level of education received):

Institution	Institution
Location	Attendance Dates:
Degree	Major/Minor
Name used while attending:	Name used while attending:

Professional References (Individuals with whom you have worked):

Professional License

Name:	Phone:	License Type	State Issued
Name:	Phone:	License Number:	
Name:	Phone:	Issue Date:	Expiration Date:

SIGNATURE _____

DATE _____