

AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application, understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested.

By signing below, you hereby authorize without reservation, any party or agency contacted by the County to furnish the above-mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your qualifications may be evaluated.

Print your Name: _____

Street Address: _____

City: State: Zip: _____

Social Security Number: _____

Drivers License State: License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____ **Race:** _____ **Gender (M or F):** _____

Other or Former Names: _____

Professional License: _____ **State:** _____ **Type:** _____ **Number:** _____ **Signature:** _____

_____ **Date:** _____