

**NOTICE AND AUTHORIZATION TO OBTAIN CREDIT**

FCRA NOTICE

This is to inform you that as part of our procedure for processing your employment application, we may obtain a consumer credit report and/or investigative consumer report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation and for a written summary of your rights under the Fair Credit Reporting Act.

By signing this application/authorization, I voluntarily authorize and grant full consent to the Employer applied to, and/or their agents, assignees, or any party or agency contacted by the Employer, including investigation companies and law enforcement agencies to conduct a thorough investigation into my prior employment and any other area of my background (regardless of adjudication), which they believe relevant to my employment. I authorize this Employer or any party or agency contacted by this Employer to procure my consumer credit report and/or to obtain or furnish information concerning my credit, criminal, civil, motor vehicle, and all other history. I do further consent to the release and disclosure to the Employer or its agent from any persons, company, corporations, or governmental agencies disclosing such information. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others, seeking information as to my personal characteristics, credit worthiness, employment status, general reputation and mode of living.

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Please print legibly and include all information requested

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Alias/Former Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/State/County (Country) of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

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\_\_\_\_\_  
Signature and date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Witness Signature and date