

Accounting Resources

Please select a package:

- Criminal Only Screening Package _____
- Clorox Screening Package

AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I have carefully read, and understand this Authorization form. I further acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Consumer Report," and "State Law Notices" and certify that I have read and understand each document. I understand that Company may obtain a consumer report and/or investigative consumer report for employment purposes, in connection with a business transaction initiated by you, or otherwise upon your written instructions. These reports may be obtained at any time after receipt of my authorization, and if I am hired or engaged to transact business with the Company, throughout my employment or relationship with the Company. I understand that the Company reserves the right to share the information contained in the report(s) with any third-party companies for whom I will be placed to work or with whom I will have a relationship or will have access to the premises. My information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

I understand and authorize information which is contained in my employment application, or otherwise disclosed by me, may be used for the purpose of obtaining consumer reports and/or investigative background reports at any time during my relationship with the Company. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past employers, the military, and other information sources to furnish any, and all, information on me that is requested by AGENCY.

I hereby authorize AGENCY to contact my present employer(S) to verify my current employment if requested by Company.

California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22 Summary of Rights.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

I wish to receive a free copy of the report.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF AND I AUTHORIZE AGENCY TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON ME, AS APPLICABLE I acknowledge that the Company has provided me with a copy of *A Summary of Your Rights Under the Fair Credit Reporting Act.*

Signature: _____ Date: _____

Please Print Name: _____

Other names used (alias, maiden, nickname): _____

Social Security #: _____ Date of Birth: _____

Driver's License: _____ Issuing State: _____

Note: Date of Birth information is required for identification purposes only, and is in no manner used as qualifying for a relationship with the Company.

Current Address: _____

Street Number and Name City State Zip Dates

Daytime Phone: _____ Email: _____

