

**AUTHORIZATION FOR BACKGROUND CHECKS**

I authorize \_\_\_\_\_ (the "Company") to obtain a consumer report(s) (or background report(s)) on me, including any investigative consumer reports. I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will prepare the background report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at [www.adpselect.com](http://www.adpselect.com).

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment or time as a volunteer or independent contractor, as applicable and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background report(s) under my legal name and any other names I may have used.

I also authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to you: credit history; public records; a Social Security number verification; driving records; military service; credentials/certifications; and verification of prior employment and education.

<b>If you live or work for the Company in California, Minnesota or Oklahoma:</b> Check this box if you would like a free copy of your background check report: <input type="checkbox"/>
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Please print your legal name:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Month/Day/Year)

**BACKGROUND CHECK INFORMATION**

The information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a background check on you.

\_\_\_\_\_  
First Name                      Middle Name (required)                      Last Name                      Suffix

Email Address: \_\_\_\_\_

For Identification Purposes Only:    Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

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

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

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)    To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)