# **DISCLOSURE FOR CONSUMER REPORTS**

aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa	oloyment (including contract or volunteer services) with consumer reports will be requested by you ("Company"). ollowing types of information, as applicable: names and cation, accidents, licensure, credit (as allowed by law — nal disclosures), etc. I further understand that such reports not limited to: my driving record (which will include all ocial security number, driver's license number, your name, your rkers' compensation claims, judgments, bankruptcy rederal, state, and other agencies that maintain such records.
employers or landlords, past or current neighbors and	red from personal interviews, as applicable, with former and associates of mine, etc.) to gather information regarding reputation and personal characteristics, and mode of living
If I am hired, I understand that my employer can use a consumer reports throughout my employment, contract	this disclosure and authorization to continue to obtain such act period or volunteer service.
Acknowledged:	
Signature	/
Printed Full Name	

# **AUTHORIZATION**

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by
In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted/ No, my current employer cannot be contacted/
I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights (initials).
I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.
If you have any questions concerning this background screening content, please contact: Intelifi at (888) 409-1819.
Printed Full Name:
Signature:
Date:/
Email:; I do not have or want email
If "no", list mailing address:
For identification purposes:
Social Security No.:; Date of Birth:
Driver's License No.:; State of Issue:
Other Names Used:

### INFORMATION REGARDING YOUR RIGHTS

I understand that I have the right to make a request to the consumer reporting agency: Intelifi ("Agency"), 8730 Wilshire Blvd, 4th Floor, Ste. 412, Beverly Hills, CA 90211, telephone number (888) 409-1819, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.intelifi.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here:
understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law(initial if this applies).
understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.
New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.
<b>Personal information</b> in MVRs means information that identifies you, such as your photograph, social security number, driver's license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. <b>Highly restricted personal information</b> includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.
Acknowledged:
Signature Date

# THE CALIFORNIA RESIDENTS ONLY WITH A CONSUMER REPORT

# **Notice of Investigative Consumer Report**

In connection with your application for employment, we will order an investigative consumer report (as defined by California law). This report may contain information on your character, general reputation, personal characteristics and mode of living. This report is permitted because you are being considered to be hired, retained or promoted to the following position:
This report has been or will be ordered from Intelifi, 8730 Wilshire Blvd., 4th Floor, Ste. 412, Beverly Hills, CA 90211. Their telephone number is: (888) 409-1819 ("Agency").
The scope of the report may include the following names and date of previous employers, reason for termination of employment, work experience, accidents, drugs/alcohol use. Such report may also contain public record information concerning your driving record, workers' compensation claims, credit, bankruptcy proceedings, criminal records from federal, state and other agencies that maintain such records.
You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (7:00 a.m. to 4:30 p.m (PTZ) Monday through Friday) to obtain all information in your file for your review. You many obtain such information as follows:
1. In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclosure to or discuss your information with this third party. You may view the Agency's privacy policy at: www.intelifi.com.
2. By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you.
3. By telephone, if you have previously provided proper identification in writing to Agency.
Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.
Print Full Name
Applicant's Signature

Date