

**Disclosure** Regarding Background Check Investigations

I hereby acknowledge and understand that \_\_\_\_\_ may conduct a background check about me at any time throughout the hiring process and during my employment (if applicable). I further acknowledge that this background check is for employment purposes and may include consumer reports, criminal history, credit history, motor vehicle records, verification of education and/or employment history or other legally permissible background check reports. I understand that any consumer report may include information about my character, general perception, personal characteristics and/or mode of living. These reports may also involve personal interviews with individuals such as neighbors/associates.

**I hereby acknowledge that I have been provided a copy of the background check disclosure.**

\_\_\_\_\_  
Print Full Name (first, middle, last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Authorization To Conduct Background Check Investigation**

ACKNOWLEDGEMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION, I acknowledge receipt of the following documents: DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and ADDITIONAL STATE LAW NOTICES. I certify that I have read and understand these documents. I hereby authorize the obtaining of "consumer reports" about me by (Company Name) at any time during the hiring process and throughout my employment, (if applicable). Therefore, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Accredited Background Checks, Inc. 5931 Brick Court, Suite 100 Winter Park, FL 32792, (800) 441-2728 with website [www.accreditedbackgroundchecks.com](http://www.accreditedbackgroundchecks.com), a consumer reporting agency. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<p><b><u>State of Washington applicants and employees only:</u></b> You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.</p>
<p><b><u>Massachusetts and New Jersey applicants and employees only:</u></b> You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.</p>
<p><b><u>New York applicants and employees only:</u></b> You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.</p>
<p><b><u>Minnesota applicants and employees only:</u></b> You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><b><u>Oklahoma applicants and employees only:</u></b> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/></p>
<p><b><u>California applicants and employees only:</u></b> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/></p>

\_\_\_\_\_  
Print Full Name (First, Middle, Last)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*\*This disclosure and authorization notification must be provided to each employee/applicant separate from any other employment related documents**