## **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt INVESTIGATION and that I have read and unand/or "investigative conthis authorization and that any law enforcement aprivate), information serequested by Verified www.VerifiedFirst.com	A SUMMAR derstand botonsumer reportant magency, admiratice bureau, First, 1550 Smand/or Em	Y OF YO  th of those  orts" by  y employ  inistrato  , employ  outh Te  aployer.	se documents yment, if appli or, state or fed er, or insurance ch Lane, Sui I agree that a	UNDER THE FAIR  s. I hereby authoris  icable. To this end, deral agency, instite ce company to furn te 200, Meridian,	CREDIT REPOR ze the obtaining of 'Employer") at an I hereby authoriz cution, school or ish any and all ba Idaho 83642; To	of "consumer reports" by time after receipt of e, without reservation, university (public or ckground information el. # 1-888-670-9564;
was requested by of the consumer a copy of any inv	the Employ reporting ago estigative co identified al	er, and i ency tha onsumer bove dire	f such report t furnished th report reque	ill be informed wh was requested, in ne report. You hav sted by the Emplo ing below, you ack	formed of the na e the right to ins yer by contactin	me and address pect and receive g the consumer
<b>New York City applicants only:</b> You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.						
<b>Washington State applicants only:</b> You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.						
Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer.  PLEASE COMPLETE ALL FIELDS BELOW						
Last Name		First Na	ame		Middle Name	check box if no middle name
Social Security Number* ###-####			Date of Birth* month/date/year		Email Address required	
Driver's License Number	Issuing State*	* Former Names/Aliases		parate aliases with comma		
CURRENT ADDRESS FORMER EMPLOYER						
Street			Apt/Unit	Company		City, State
City Sta		State	Zip Position			Dates of Employment
*This information will be used for background screening purposes			-	1 ,		
Applicant Signature				Date		

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