AUTHORIZATION OF BACKGROUND INVESTIGATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the preparation of background reports by a consumer reporting agency such as Janus Investigations, and to the release of such background reports to the Company_____ and its designated representatives and agents, for the purpose of assisting the Company_____ in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable) promotion, retention or for other lawful employment purposes. I understand that if the Company_____ hires me or contracts for my services, my consent will apply, and the Company_____ may obtain background reports, throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle record agencies, my past or present employers, the military, worker's compensation agencies, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency. I understand that I may be required to take a drug test before or during employment.

By my signature below, I also certify the information I provided on and in connection with this form try, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company_____.

PLEASE PRINT CLEARLY

FULL NAME: _____ **SSN:**_____-_____-_____

Other Names or SSN Used:_____

Current Address:_____

Street Address **City** **State** **Zip**

LIST ALL ADDRESSES FOR PAST 7 YEARS: (___ check here if more on reverse)

_____ _____

Dates **Address** **Dates** **Address**

_____ _____

Dates **Address** **Dates** **Address**

_____ _____

Dates **Address** **Dates** **Address**

DRIVER'S LICENSE #:_____ **STATE:**_____

DATE OF BIRTH:_____ **PHONE NUMBER:**_____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ____YES ____NO

This includes but is not limited to pleas of guilty, nollo contendere, no contest, adjudication withheld, and pre trial intervention programs

IF YES, PLEASE LIST ALL OFFENSES, INCLUDING TRAFFIC AND/OR CRIMINAL

_____

Year **Offense** **City** **County** **State**

_____

Year **Offense** **City** **County** **State**

MAY WE CONTACT YOUR CURRENT EMPLOYER?____ YES ___NO

Signature_____ **Date**_____