

Background Check Authorization

Last Name	First Name			Social Security Number
Street Address	•	City	State	Zip Code
If different from above (including spelling, spaces etc.) please add corrected information, if not leave blank.				
Last Name: Fii	First Name:Social Seco		ocial Security	Number:
Charact Address.				
Street Address:				
City:	State: Zip Code:		ode:	
List any other names used (nickname, maiden/married last names):				
Date of Birth:(MM/DD/YYYY) Sex:				
William (William) Sex.				
river's License #: State Issued:				
In chronological order (earliest to latest), list all additional cities/states and zip codes in which you have resided during the last seven (7) years:				
on one of the control	icico, otateo ana	Lip codes in which you have	e resided da	ing the last seven (1) years.
To the extent permitted by applicable law, I hereby consent	to and authorize	e BrandSafway and/or its su	ubsidiaries, a	ffiliates, other related entities,
successors, and/or assigns (the "Company"), to procure consumer report(s), criminal background check(s), consumer credit report(s), and/or				
investigative consumer report(s) (as defined by applicable California state law), on my background from a consumer reporting agency ("CRA") or				
from an investigative consumer reporting agency ("ICRA"), as described in the Background Check Disclosure, the Additional Disclosures, and the California State Law Disclosures (Non-Credit) (all of which I have received separately from the Company. I have reviewed and understand the				
information, statements, and notices in the Background Check Disclosure, the Additional Disclosures, and the California State Law Disclosures (Non-				
Credit), as well as this Background Check Authorization. My authorization remains valid throughout my employment with the Company, such that,				
to the extent permitted by applicable law, I agree Company can procure additional consumer report(s), criminal background check(s), consumer				
credit report(s), and/or during my employment without providing additional disclosures or obtaining additional authorizations. Except as otherwise prohibited by applicable law, I consent to and authorize the Company to share this information with Company's current or prospective clients,				
customers, others with a need to know, and/or their agents for business reasons (e.g., to place me in certain employment positions, jobs, work sites,				
etc.).				
For California, Minnesota, or Oklahoma applicants/employees only: If you would like to receive from the CRA, the ICRA, or the Company				
(as applicable) a copy of the report that Company may procure, please check this box.				
Cinnatura		Data		
Signature		Date		