

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: _____ First Name: _____ Social Security Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

List any other names used (nickname, maiden/married last names): _____**Date of Birth:** _____ (MM/DD/YYYY) | **Sex:** _____**Driver'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:**

To the extent permitted by applicable law, I hereby consent to and authorize BrandSafway and/or its subsidiaries, affiliates, 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.

Signature_____
Date