Applicant Disclosure Statement

These reports may contain information about your character, general reputation and/or mode of living. The types of information that may be obtained include, but are not limited to: social security number verifications; address history; criminal records checks; public court records checks; driving records checks; employment history verifications; and professional licensing/certification checks. This information may be obtained from private and/or public records sources, including, as appropriate, governmental agencies and courthouses; educational institutions; former employers; or other information sources.

If adverse action is taken resulting from information obtained, in whole or in part, from consumer reports and/or investigative reports from a consumer reporting agency, you will have the option to receive a copy of the report from S2Verify, LLC. S2Verify, LLC can be contacted at P.O. Box 2597, Roswell, GA 30077 or by phone at (770)649-8282 or by email at compliance@s2verify.com.

Additional State Law Notices

California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation form.

Massachusetts and New Jersey: If we request an investigative background report, you have the right, upon written request, to a copy of the report.

Minnesota and Washington State: If COMPANY requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from COMPANY a complete and accurate disclosure of the nature and scope of the investigation requested by COMPANY. The COMPANY will provide the disclosure of the nature and scope of the investigation either five days after receiving your request or after requesting the investigative consumer report, whichever is later.

New York Applicants Only: You have the right to request whether the COMPANY requested an investigative consumer report and, if so, the COMPANY will give you the name and address of the report's provider if other than the consumer reporting agency identified above. 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 (or another organization identified by the COMPANY as the provider of an investigative consumer report) directly.

Washington State: If Company requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from Company a complete and accurate disclosure of the nature and scope of the investigation requested by Company. 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.

Signature:		
Date:		

Authorization of Background Investigation

I have carefully read, and understand, this Authorization form and further acknowledge receipt of the separate document entitled "A Summary of Your Rights under the Fair Credit Reporting Act" (available at http://www.S2Verify.com/resources.html or a copy provided by the COMPANY) and the "Applicant Disclosure Statement" and certify that I have read and understand both documents. By my signature below, I consent to the release of background reports and/or investigative background reports prepared by a consumer reporting agency, such as S2Verify, Inc., to COMPANY and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes. I further consent to the release of such background reports and/or investigative background reports to essential partners of COMPANY, including but not limited to: industrial safety councils, and owners and/or operators of industrial facilities for which I may be asked to work on the premises of such industrial facility. I understand that if COMPANY hires me, my consent will apply, and COMPANY may obtain background reports throughout my employment if permissible under applicable COMPANY policy.

I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, consume reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the consumer reporting agency.

California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22. Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by S2Verify during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at S2Verify's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. S2Verify has trained personnel available to explain your file to you, including any coded information. By signing below, you acknowledge receipt of California Civil Code 1786.22, available at http://www.S2Verify.com/resources.html.

New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.

By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law, available at http://www.S2Verify.com/resources.html.

By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, COMPANY.

California, Minnesota or Oklahoma applicants only:					
	nsumer report or investigat	ive consumer report obtained on you if you check			
		Last Name:			
Address:					
City:	State	:Zip:			
Social Security Number:		Date of Birth:			
Drivers License Number		State of Issue			
Email Address:					
Signature:		Date:			

*Please Note:

S2Verify does not provide legal advice. The disclosure and authorization form is provided solely as an example or illustration, and it should be modified and used in accordance with your established business and compliance requirements. Finally, please ensure your legal counsel or compliance officer reviews whatever format you decide to utilize and or deploy.