

I acknowledge receipt of the separate documents entitled **DISCLOSURE FOR CONSUMER REPORT and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Randstad Technologies ("Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by AccurateNow, 1930 North Poplar St, Suite 20, Southern Pines, NC 28387, 866-693-1764, [www accuratenow.com](http://www accuratenow.com) and/or itself. I further authorize that this information may also be shared with the client(s) and master vendor(s)/Managed service provider(s) where or through which I may be staffed, placed on assignment, or employed.

**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 Company.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. 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 directly. **By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.**

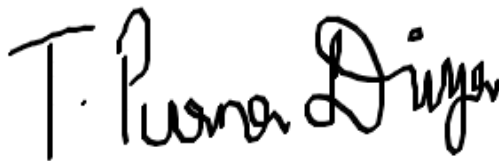
**Washington State applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

#### **SIGNATURE FOR BACKGROUND AUTHORIZATION**

I understand that by signing my name below, that I am authorizing a background check, as described above, to be performed concerning my background and for that information to be disclosed to Randstad and/or the client(s) and master vendor(s)/managed service provider(s) where or through which I may be staffed, placed on assignment, or employed based on my qualifications.

I agree that a copy, .pdf or facsimile ("fax") of this authorization may be accepted with the same authority as the original.

Printed Name:



Signature:

Date/Time: 6/8/2022 9:21:01 PM

IP Address: 23.141.0.5