Identification Information Social Security Number				Date of Birth Driver's				License No/State		
social Security Number			Date	Date of Birth			/			
Education Dates Attended College		Degree	Degree Address			Phone				
		en convicted of a coin which you have								
From	To Address				City		State	County or Zip		
List ever	job you l	have held in the la	st seven (7)	years - List cu	ırrent first (use	a separate	e sheet if	necessa	ary)	
From	То	Company Name	& Address		`	Superv	Supervisor		Phone	
		ation is complete	tmin and asm	raat I harabu	ocknowledge th	nat I have	received	tha DIS	SCLOSURE NOTIC	

Confidential Page 1 May 7, 2006



AUTHORIZATION FOR RELEASE OF INFORMATION AUTHORIZATION FOR CONSUMER REPORT

TO: STAFFING SOLUTIONS, LLC / K-COUNSEL®

I **authorize** former employers, schools, universities, professional or other organizations, including licensing bodies, or references named in my application and other parties to whom you may be referred by the foregoing, to release to you all information regarding my employment, grades, standing, character and qualifications.

I **consent** to you obtaining a "**consumer report**" concerning me as defined by the Fair Credit Reporting Act and any other reports or records about my criminal background, credit history, military history and driving record whether or not such are considered a "consumer report." I acknowledge receipt of a separate Disclosure Notice as required by the Fair Credit Reporting Act.

If you obtain a "consumer report" about me, and if you consider any information in the consumer report when making an employment-related decision which directly and adversely affects me, then before the decision is finalized, I will be provided with a free copy of the consumer report and a description in writing of my rights under the Fair Credit Reporting Act as a consumer.

Further, I authorize you to supply the foregoing obtained information to your customer.

I understand that if information is discovered which contradicts what I have put in my application, I may be denied employment or may be terminated. I further understand you may deny me employment or assignments, or remove me from assignment and discharge me from employment if you consider the background information unfavorable.

I have read this Authorization and understand all of its terms. I sign it voluntarily and with full understanding of its significance. This Authorization, in original or copy form, shall be valid for this and any future reports or updates which may be required in connection with my employment or application for employment.

First Name Last Name	Date	
Social Security No		
Date of Birth		

DISCLOSURE NOTICE

FAIR CREDIT REPORTING ACT

Dear Applicant:

This is to inform you that in connection with your application for employment with Staffing Solutions, LLC / K-Counsel®, a consumer report as defined in the federal Fair Credit Reporting Act may be obtained by us or our agent for employment purposes.

Please retain this statement for your records.

Delivered by Staffing Solutions, LLC / K-Counsel® 610 SW Broadway, Suite 500 Portland, Oregon 97205

INSTRUCTIONS:

Paragraph 1 - Staffing Solutions

To fill out Last Name, First Name, date to be returned and check boxes if additional checks requires.

Remainder of Page – Applicant is to:

- (1) fill out the remainder of the page.
- (2) sign pages 1 & 2.
- (3) return signed pages 1 & 2 to Staffing Solutions.
- (4) KEEP page 3, Disclosure Notice.
- (5) make copies of pages 1 & 2 if they want.