

PRE-EMPLOYMENT CRIMINAL RECORD CHECK

In connection with my application for employment with Ag**First Farm Credit Bank or Affiliated Associations**; I, the undersigned understand and consent that investigative background inquiries are to be made on myself. I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contracted by this employer to furnish the above stated information. A facsimile or other copy of this release consent bearing my signature (facsimile or other) is as valid as the original.

I have read, understand and agree to the above and voluntarily provide the following information.

PRINT FULL NAME: _____
(Please Print) Last Name First Middle Maiden

SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

STATE OF ISSUE: _____ DATE ISSUED: _____

CITY/STATE (CURRENT) _____

CITY/STATE (FORMER) _____

Date

Signature

Before taking any adverse employment action based on the criminal report, including denying employment, Ag**First Farm Credit Bank or Affiliated Associations** will provide you, without charge, a copy of the report.