



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

This is to inform you that, as part of GP Strategies Corporation's procedure and requirements for providing services, we must obtain a criminal background report, including the verification of information regarding your identity, employment history, education history, and motor vehicle driving record. GP Strategies Corporation will not obtain such a report without your signed authorization. GP Strategies Corporation will comply with all applicable state and Federal laws regarding the use of consumer reports-specifically with regard to criminal background reports.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

I hereby authorize any person, agency, company, organization, or institution to release to GP Strategies Corporation or its subsidiaries information necessary to comply with the requirements related to my employment or potential employment. This includes, but is not limited to information from former employers, law enforcement agencies, educational institutions, and landlords.

I acknowledge and agree that the Company has the continuing right and authority to check my motor vehicle records on file with any State, including the State indicated below, either directly or through the Company's insurance agent, Willis of Maryland, Inc., or other agent as appointed by the Company ("Agent"), the Company's insurance carrier ("Carrier"), or any other party designated by the Company or the Carrier for such purpose, and each of Agent and Carrier may deliver any such records to the Company. I understand that "motor vehicle records" includes, by way of example and not limitation, my driving records and prior driving information. I acknowledge that my employment may be contingent upon maintaining a motor vehicle driving record acceptable to the Company, if driving a motor vehicle on behalf of the Company is required to carry out my job responsibilities.

In connection with my application for employment with GP Strategies Corporation, and as consideration for continuing employment, I understand that a consumer report which includes a criminal background report and information regarding my identity, employment history, education history, and motor vehicle driving record may be obtained by GP Strategies Corporation from a consumer reporting agency (the "Agency"). I further understand that GP Strategies Corporation may not request a consumer report from the Agency, nor may the Agency give out information about me, without my prior written consent. It is also understood that the Agency may not report medical information about me to GP Strategies Corporation without my specific prior consent as to the release of such information, which is in addition to my general authorization herein.

I hereby authorize GP Strategies Corporation to order a consumer report containing criminal background, identity, employment and education history and other information about me from a consumer reporting agency as part of GP Strategies Corporation's requirements for providing services to the client. I authorize GP Strategies Corporation to share the information in this application or the results of any background check with any third party to whom GP Strategies Corporation is obligated to disclose such information under any applicable agreement between GP Strategies Corporation and such third party or under any applicable law, rule or regulation. This authorization does not include release of my medical information.

I hereby release any person or entity who furnishes information pursuant to this authorization from all claims of liability arising out of or connected with the furnishing of this information. This authorization is executed with the understanding that the information released will be used for the official use of GP Strategies Corporation and its subsidiaries and affiliates.

I understand that I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of an investigative consumer report obtained by GP Strategies Corporation. The source of this report will be First Advantage, ATTN: Consumer Center, P.O. Box 105106, Atlanta, GA 30348-5108, USA, 1-800-845-6004.

I understand that my electronic signature now and throughout this process will be binding as though I had physically signed these documents by hand, as permitted by law. Additionally, notices, documents, and communications may be provided electronically and will meet the requirements set forth under applicable law, as permitted by law.

I hereby acknowledge that I have read the disclosure statement above and accept the terms outlined above.

Consent And Authorization

I have read and accept the terms of this online profile.

First Name (Given Name): Hansani
Last Name (Family Name): Wisidagama

Country: UNITED STATES

Address 1: 109 Heatherstone Way

Address 2:

City: Glen Burnie

Region: Maryland

ZIP Code/Postal Code: 21061

Date: June 26, 2019

☒ I consent



Signature