



## PALMETTO BACKGROUND SCREENING (PBS)

### DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

- Palmetto Background Screening (PBS)
- [info@palmettobgs.com](mailto:info@palmettobgs.com)
- [www.palmettobgs.com](http://www.palmettobgs.com)

#### IMPORTANT NOTICE

This form must be completed in addition to the Screening Request Form before any background check can be conducted.

**Employers:** Please ensure that each employee, applicant, or candidate completes this form prior to submission.

#### DISCLOSURE

In connection with your application for employment, contract work, volunteer service, or continued engagement (collectively referred to as "employment purposes"), Palmetto Background Screening (PBS) may obtain one or more consumer reports and/or investigative consumer reports about you from a consumer reporting agency.

- Criminal history
- Employment history
- Education verification
- Credit history (where applicable)
- Professional licenses
- Motor vehicle records
- References
- Social Security number verification
- Other background information as permitted by law

An investigative consumer report may include information obtained through personal interviews with employers, associates, neighbors, or other individuals with knowledge of your character, general reputation, personal characteristics, or mode of living.

#### FAIR CREDIT REPORTING ACT (FCRA) NOTICE

Under the Fair Credit Reporting Act (FCRA), before any adverse action is taken based in whole or in part on information obtained in a consumer report, you will be provided with:

- A copy of the consumer report
- A Summary of Your Rights Under the Fair Credit Reporting Act

You have the right to request additional information about the nature and scope of any investigative consumer report.

## **APPLICANT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **ADDRESS HISTORY (PAST 7 YEARS)**

(Attach additional sheet if necessary)

Current Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_

Previous Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_

## **AUTHORIZATION & RELEASE**

I hereby authorize Palmetto Background Screening (PBS) to obtain consumer reports and/or investigative consumer reports about me for employment-related purposes. I authorize any individual, company, or organization to provide PBS with any information they may have concerning my background, including but not limited to criminal history, employment, education, credit history (if applicable), and references.

I understand that this authorization is voluntary but required to proceed with the background screening process.

I acknowledge that photocopies or electronic versions of this authorization shall be considered as valid as the original.

## **ACKNOWLEDGMENT & CONSENT**

- I have read and understand this disclosure and authorization.
- I consent to the background check and understand my rights under the FCRA.

## **ELECTRONIC SIGNATURE**

Signature: \_\_\_\_\_

Print Full Legal Name: \_\_\_\_\_

Date: \_\_\_\_\_

CONFIDENTIALITY NOTICE: All information submitted to Palmetto Background Screening is stored securely and handled in accordance with applicable privacy laws, including HIPAA where applicable.



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## CLIENT INSTRUCTIONS – BACKGROUND CHECK AUTHORIZATION

### IMPORTANT INFORMATION – PLEASE READ CAREFULLY

This instruction page explains how to properly complete and submit your Background Check Authorization Form.

**This process is required for Self-Screening only.** If your background check is being requested by an employer, the employer will submit the request on your behalf and will be the contracting party.

### STEP 1: COMPLETE THE AUTHORIZATION FORM

Download the PBS Background Check Authorization PDF. Complete the form either electronically using your web browser or PDF reader, or by hand using clear, legible handwriting. Ensure all required fields are completed and the form is signed and dated.

### STEP 2: SUBMIT A SCREENING REQUEST

Once the Authorization Form is completed, visit <https://www.palmettobgs.com/screening.html> and submit the Request a Screening form. This step must be completed before uploading your authorization document.

### STEP 3: UPLOAD YOUR COMPLETED FORM

After submitting the screening request, visit <https://www.palmettobgs.com/portal.html> or click Client Portal on the PBS website. New clients must create an account. Upload your completed authorization form in PDF, PNG, or JPG format.

### STEP 4: TRACK YOUR BACKGROUND CHECK STATUS

Once uploaded, you may log in to the Client Portal at any time to track the status of your background check and confirm document submission.

### EMPLOYER-SUBMITTED FORMS

If this form was completed at the request of your employer, the employer is responsible for submitting the screening request. Do not upload the form yourself unless instructed.

### QUESTIONS OR SUPPORT

If you have any questions or need assistance, please contact [info@palmettobgs.com](mailto:info@palmettobgs.com). Please allow 24–48 business hours for a response.

*All information submitted is handled securely and in compliance with the Fair Credit Reporting Act (FCRA) and applicable privacy laws.*