

## DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS

In connection with my employment or my application for employment (including contract or volunteer services) with Apex Systems, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, education, accidents, drug/alcohol use, professional credentials, licensure, credit and bankruptcy proceedings, or any other information which may reflect upon my potential for employment or contract work gathered from any individual, organization, entity, agency, or other source which may have knowledge concerning any such items of information. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. Such reports may also contain medical information from physicals relevant to process or effect the employment.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

### Authorization

I hereby authorize procurement of consumer report(s) (*California/Colorado/Vermont require additional notice/consent for credit*) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: Integrated Screening Partners ("Agency"), 5316 Hwy. 290 West, Ste., 500, Austin, TX 78735, telephone number (800) 474-4420, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.integratedscreening.com/privacy.asp](http://www.integratedscreening.com/privacy.asp)

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me. By checking the following box, I request Company to provide a copy of all such reports be sent to me. Check here: ☐

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the attached Summary of Rights.

Today's Date 10/6/17 Signature Harry Epstein Print your full name: Harry Epstein  
For identification purposes: Social Security Number 013-59-676 Date of Birth: 11/84  
Street Address 1609 4th Ave N. City Nash State N Zip Code 37208  
Driver's License Number \_\_\_\_\_ State of Issuance \_\_\_\_\_ Expiration \_\_\_\_\_



# **APPLICANT INFORMATION (Please Print Clearly)**

Applicant Name: (First Middle Last) <b>Harry H Epstein</b>		Current Address: (street address) <b>1609 4th Ave. N 37208</b>	
Other Name(s) Used: (like Maiden)		City: <b>Nash.</b>	State: Zip: <b>TN 37208</b>
Social Security Number: <b>413596196</b>		Former Address: (1)	
Sex:	Race:	City:	State: Zip:
Driver's License No.:		Former Address: (2)	
Month, Day and Year of Birth: Place of Birth: (City, State, Country)		City:	State: Zip:
Please list the highest level of education achieved:			
School Attended: <b>At Chattanooga</b>		Location (City/State): <b>Chattanooga, TN</b>	
Name Used While Attending School:		Date of Graduation/Degree Earned: <b>Nov 2014</b>	
Please list all employers for the past seven (7) years, beginning with the most current employer:			
Employer Name: (If staffing firm, please list)		Phone Number:	Title:
Dates of Employment:		Location (City/State):	
May we contact this employer to verify employment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Employer Name: (If staffing firm, please list)		Phone Number:	Title:
Dates of Employment:		Location (City/State):	
Employer Name: (If staffing firm, please list)		Phone Number:	Title:
Dates of Employment:		Location (City/State):	
Employer Name: (If staffing firm, please list)		Phone Number:	Title:
Dates of Employment:		Location (City/State):	

**Applicant Instructions:** Please read the following disclosure & authorization form carefully before signing. You will be provided with a copy of this form at any time upon request.

Exhibit B Addendum

Confidentiality Agreement

Harry Epstein (Insert name of Contractor or Subcontractor here) ("Contractor") acknowledges that Provider has provided the undersigned with this Confidentiality Agreement and the undersigned has read and understands the terms of this Confidentiality Agreement. This Confidentiality Agreement applies to the following project (the "Project"):

\_\_\_\_\_  
(Insert description of Project here)

By its signature below, the undersigned (the "Contractor") agrees that:

The Contractor is entering upon the Project, which is owned or leased by Dell Inc. (or a subsidiary and/or affiliate of Dell Inc.) or is owned or leased by Dell's Customer. Dell Inc. and/or each such subsidiary and/or affiliate of Dell Inc. and Dell's Customer are referred to herein as an "Owner Party" and referred to collectively as the "Owner Parties."

The Contractor agrees that any and all information relating to the business of any Owner Party and all Owner Parties and all information relating to, belonging to, or pertaining to any product, supplier, creditor, customer or prospect of any Owner Party and all Owner Parties, including but not limited to, information relating to products, customer and prospect lists, concepts for marketing computer hardware and software, data processing, programming, software, documentation, research and development processes, inventions, services or the internal operations of any Owner Party and all Owner Parties or any supplier, creditor, customer or prospect of any Owner Party and all Owner Parties is and shall be treated by the Contractor as confidential and proprietary at all times (including, without limitation, at all times after the Contractor is no longer performing work or providing labor, material or other services at the Project).

The Contractor agrees that, except for the purpose of any Owner Party's right to enforce the terms of this Confidentiality Agreement, this Confidentiality Agreement does not create any privity of contract between the Contractor and any Owner, and the Contractor hereby waives any and all claims, demands, suits and causes of action against any Owner Party and all Owner Parties and releases all Owner Parties from any liability, whether any such claim, demand, suit, cause of action or liability is known or unknown, present or future.

In addition to any other remedies available to any Owner Party, any Owner Party shall have the right to seek equitable relief, including, without limitation, injunctive relief or specific performance, against the Contractor or its representatives, employees or agents in order to enforce the provisions of this Confidentiality Agreement.

Contractor

By: Harry Epstein (Signature)

Name: Harry Epstein (Printed Name)

Its: MR. (Title)

Date: 10/7/17



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The Contractor agrees that any and all information relating to the business of any Owner Party and all Owner Parties and all information relating to, belonging to, or pertaining to any product, supplier, creditor, customer or prospect of any Owner Party and all Owner Parties, including but not limited to, information relating to products, customer and prospect lists, concepts for marketing computer hardware and software, data processing, programming, software, documentation, research and development processes, inventions, services or the internal operations of any Owner Party and all Owner Parties or any supplier, creditor, customer or prospect of any Owner Party and all Owner Parties is and shall be treated by the Contractor as confidential and proprietary at all times (including, without limitation, at all times after the Contractor is no longer performing work or providing labor, material or other services at the Project).

The Contractor agrees that, except for the purpose of any Owner Party's right to enforce the terms of this Confidentiality Agreement, this Confidentiality Agreement does not create any privity of contract between the Contractor and any Owner, and the Contractor hereby waives any and all claims, demands, suits and causes of action against any Owner Party and all Owner Parties and releases all Owner Parties from any liability, whether any such claim, demand, suit, cause of action or liability is known or unknown, present or future.

In addition to any other remedies available to any Owner Party, any Owner Party shall have the right to seek equitable relief, including, without limitation, injunctive relief or specific performance, against the Contractor or its representatives, employees or agents in order to enforce the provisions of this Confidentiality Agreement.

Contractor

By: Harry Epstein (Signature)

Name: Harry Epstein (Printed Name)

Its: MR. (Title)

Date: 10/7/17

Exhibit A to Site Security Addendum

Certification of Provider's Personnel, Agents, and Subcontractors:

Signed Certifications must be kept on record with Provider's Human Resources Department for a period of four years after the termination of the Agreement.

My signature below confirms my acknowledgement that I have read the Site Security and Environmental, Health, and Safety Addendum; that I fully understand the requirements stated therein; and that I agree to comply with the requirements stated therein while on Dell property, Dell business, or any customer site.

Printed Name:	Harry Epstein Harry Epstein
Signature:	Harry Epstein
Date:	10/6/17