

## Background Check Authorization

I authorize ITSCO, LLC ("the Company") and its authorized agents to verify information relevant to my qualifications for employment. This may include inquiries into my background, references, prior employment, education, consumer reports, and criminal history records from public or private sources, as permitted by law.

I authorize the Company to verify all information I have provided and to obtain additional information necessary to evaluate my eligibility for employment. I understand that additional written authorization may be required as a condition of employment or continued employment.

I release any individual or entity providing information to the Company pursuant to this authorization from any liability arising from such disclosure. I understand that false statements or omissions may result in rejection of my application or termination of employment if discovered after hire.

This authorization may be executed electronically and shall be as valid as an original signature.

Please print your full legal name:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date (Month/Day/Year)

### Background Report INFORMATION:

For Identification Purposes Only: Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Nickname(s) Used \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

### Addresses Within The Past Seven Years (use a separate sheet as needed)

Previous Address:

Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Previous Address:

Street Address \_\_\_\_\_

Prior City/State/ZIP \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

**\*\*Your current address and email address will be utilized from the onboarding google form.**

# Electronic Signature Certificate

## ESIGN Act Compliance Statement

This document was electronically signed in compliance with the Electronic Signatures in Global and National Commerce Act (ESIGN Act), 15 U.S.C. § 7001 et seq. The signer has consented to conduct this transaction electronically and has been provided with the required disclosures.

## Signer Information

Name: Cheesey Breezy

Email: cheesey.breezy@cheese.com

User ID: 2

## Signature Timeline

Consent Given: 2026-01-05T04:52:08.000Z

Intent to Sign: 2026-01-05T04:52:10.000Z

## Network Information

Consent IP: localhost

Intent IP: localhost

## Audit Trail

{}