Applicant Disclosure Statement

In connection with your employment or application for employment (or contract for services) and any future employment (or contract for services) with Company (
Name:
Name

Date	Signature:	Date:	
		Date	
		10	

Authorization of Background Investigation

I have carefully read, and understand, this Authorization form and further acknowledge receipt of the separate document entitled "A Summary of Your Rights under the Fair Credit Reporting Act" and the "Applicant Disclosure Statement" and certify that I have read and understand both documents. By my signature below, I consent to the release of background reports and/or investigative background reports prepared by a background reporting agency, such as Vetzu Inc., to COMPANY and its designated representatives and agents for the purposes of determining my eligibility for employment, retention, or other lawful employment purposes. I understand that if COMPANY hires me, my consent will apply, and COMPANY may obtain background reports throughout my employment if permissible under applicable COMPANY policy. I understand that information contained in my employment application, or otherwise disclosed by me before, or during, my employment, if any, may be used for the purpose of obtaining background reports and/or investigative background reports. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions

(including public and private schools/universities), information service bureaus, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by the background reporting agency. Additional State Law Notices California, Oklahoma and Minnesota: You have the right to receive a copy of your background/investigative report by checking the box on the Authorization of Background Investigation below. California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22. Pursuant to Section 1786.22 of the California Civil Code, you may view the file maintained on you by Vetzu Inc, during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at Vetzu's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. Vetzu has trained personnel available to explain your file to you, including any coded information. By signing below, you acknowledge receipt of California Civil Code 1786.22. Massachusetts and New Jersey: If we request an investigative background report, you have the right, upon written request, to a copy of the report. New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law. Washington State: If COMPANY requests an investigative background report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from COMPANY a complete and accurate disclosure of the nature and scope of the investigation requested by COMPANY. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. By my signature below, I certify the information I provided on, and in connection with, this form is true, accurate, and complete. I agree that this Disclosure and Authorization form in original, facsimile, photocopy, or electronic (including electronically signed) formats, will be valid for any reports that may be requested by, or on behalf of, COMPANY.

Authorization of Background Investigation

California, Minnesota or Oklahoma applicants only:

you may recieve a free copy of any consumer report or investigative consumer report obtained on you if you check the box bellow.

✓ I wish to receive a free copy of the report.

Fill this form				
First Name:	Middle/Last Name:			
First Name	Middle/Last Name			
Address				

State:		Zip Code:	
State		Zip Code	
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Social Security Number(SSN)		Date of birth	
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