

AUTHORIZATION FOR CONSUMER REPORT

I acknowledge that, as a condition of employment or continued employment, AJC Logistics, LLC ("Company") may, now or any time during my employment with **Company**, obtain a consumer report about me, as applicable and to the extent permitted by law. The consumer report may include verification of my education, previous employment/work history, credit history, motor vehicle records, verification from personal references, drug testing, criminal history located in the files of any Federal, State, or Local criminal justice agency, and verification of any other information deemed necessary by **Company**. The results of this consumer report will be used to determine employment eligibility under **Company's** employment policies. I acknowledge that if information from the report is used in whole or in part in taking adverse action with regard to my potential or continued employment, before taking the adverse action, **Company** will provide me with a copy of the consumer report and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

I authorize **AccuSourceHR, Inc.**, a third-party consumer reporting agency, and any of its agents, to disclose orally and in writing the results of the consumer report to the designated authorized representative of **Company**. **AccuSourceHR, Inc.** is located at 11811 N. Tatum Blvd., Suite 3031, Phoenix, AZ 85028, has a phone number of 951-734-8882 or toll-free 888-649- 6272, email of cs@accusourcehr.com, and website of www.accusourcehr.com.

I authorize persons, schools, current and former employers, and other organizations and agencies to provide **AccuSourceHR, Inc.** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

I have read, understand, and acknowledge the receipt of the disclosure and authorization, and I authorize Company to obtain the consumer report and/or investigative consumer report.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant Last Name	First Name	Middle Name
List Other Names Use (MAIDEN NAME)	Date of Birth (For Identification only)	Social Security Number
Driver's License Number	State Driver's License Issued	Last Name on Driver's License
Current Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates

FORM MUST BE SIGNED

Applicant's Signature

Today's Date

☐ For California, Minnesota, New Jersey, and Oklahoma residents only: Please provide me with a copy of my consumer report ("investigative consumer report" in California)