

**AUTHORIZATION FORM FOR CONSUMER REPORTS**

In connection with your application for transfer, understand that consumer reports or investigative consumer reports which may contain public record information may be requested. The scope of the investigation will entail a **Driver's Report Only** in compliance with company policy

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request of First Advantage, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any division of motor vehicles, to furnish First Advantage with any and all driving information in their possession regarding you, in order that your employment qualifications may be evaluated.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please visit the following website for complete information on requesting a copy <http://www.fadv.com/report/> .

You may also receive a copy by calling First Advantage at 1-800-321-4473 ext. 8.

If requested and you are a California applicant, a copy of the consumer report will be sent within three (3) days of the employer receiving a copy of the consumer report.

For California applicants only, if public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven (7) days of the employer's receipt unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

**Print your Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City: State: Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Drivers License State: License Number:**  
\_\_\_\_\_

The following is for identification purposes only to perform the background check:

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Gender (M or F):** \_\_\_\_\_

**Other or Former Names:** \_\_\_\_\_

**Professional License:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Type:** \_\_\_\_\_  
**Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_