

AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT, STATE LAW NOTICES, and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT. I further certify that I have read and understand these documents.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company.

I also agree that this authorization is not limited to the present. If hired or engaged to transact business with the Company, my authorization will continue to allow the Company to conduct future screenings for retention, promotion and reassignment, access to the Company's premises or its customer's premises, in relationship to business activities on behalf of the Company, unless revoked by me in writing or in the event of my termination.

This document will also serve as my general <u>release of information</u>. To this end, I authorize without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, drug laboratory, employer, or insurance company to furnish any and all information requested by eVerifile, 855.383.7434, 8707 Commerce Drive, Suite A, Easton, MD 21601, www.everifile.com, and/or the Company itself. I agree that a facsimile ("fax"), electronic, or photographic copy of this document shall be as valid as the original.

I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME; THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE NOTED. I also certify that I have carefully read and understood this authorization form.

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box.	
I wish to receive a free copy of the report.	
Applicant Signature	Date

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 eVerifile during normal business hours. You may also obtain a copy of this file, upon submitting proper identification by appearing at eVerifile'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. eVerifile 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,

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.

8707 Commerce Drive, Suite A, Easton, MD 21601 | 855.383.7434 | Fax: 404.393.8871