

## ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORTS

### APPLICANT NAME / OTHER INFORMATION

|                          |               |                                                                                  |
|--------------------------|---------------|----------------------------------------------------------------------------------|
| Last                     | First         | MI                                                                               |
| DOB<br>/ / 19            | SSN NO<br>- - | Sex (Check One)<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Former Names/Maiden Name |               | Telephone Number<br>( ) -                                                        |

### CURRENT and PREVIOUS ADDRESS

|                  |      |       |     |                 |
|------------------|------|-------|-----|-----------------|
| Current Address  | City | State | Zip | Dates<br>/ To / |
| Previous Address | City | State | Zip | Dates<br>/ To / |
| Previous Address | City | State | Zip | Dates<br>/ To / |

### EDUCATION INFORMATION

|        |            |                |             |
|--------|------------|----------------|-------------|
| School | City/State | Highest Degree | Degree Year |
|--------|------------|----------------|-------------|

In connection with your application for employment with Mission Search you understand that consumer reports or investigative consumer reports may be requested about you including information about your character, general reputation, personal characteristics and mode of living, employment record, education, qualifications, criminal record, driving record, credentials, and/or credit and indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or various Federal, State, or Local agencies. A consumer report containing injury and/or medical information may be obtained after a tentative offer of employment has been made.

You hereby authorize the obtaining of such consumer reports and investigative consumer reports for Mission Search and any other company with which they contract for your services. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer, or the consumer reporting agency acting on behalf of the employer, to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your continued employment or contract for services. You also agree that a fax or photocopy of this authorization with your signature shall be accepted with the same authority as the original.

For California, Minnesota or Oklahoma applicants only, if you would like to receive a copy of the consumer report, if one is obtained, please check this box.

For California applicants only, if public record information is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information unless you check this box waiving your right to obtain a copy of the report.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- |                                                     |                                                     |                                                      |                                               |
|-----------------------------------------------------|-----------------------------------------------------|------------------------------------------------------|-----------------------------------------------|
| <input checked="" type="checkbox"/> County Criminal | <input checked="" type="checkbox"/> State Criminal  | <input type="checkbox"/> Credit                      | <input checked="" type="checkbox"/> Education |
| <input type="checkbox"/> National Criminal          | <input checked="" type="checkbox"/> Social Security | <input checked="" type="checkbox"/> Employment       | <input type="checkbox"/> Driving Record       |
| <input type="checkbox"/> Sexual Offender            | <input type="checkbox"/> OFAC (Terrorist Search)    | <input checked="" type="checkbox"/> HHS/OIG/GSA List |                                               |

Company: Mission Search

FAX ORDER TO: 888-538-5170