

FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire PeopleCheck Inc/PeopleCheckus.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from PeopleCheck Inc/ PeopleCheckus.com. I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, PeopleCheck Inc/PeopleCheckus.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from PeopleCheck Inc/PeopleCheckus.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Georgia and shall be governed by, and construed in accordance with, the laws of the State of Georgia.

Consumers have the right to obtain a security freeze s.2155

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit. As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years. A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

Print Name: _____ Date: _____

Signature: _____

Notice to Applicants:

By checking this box, I request to receive a free copy of any consumer report ordered on me.

Email address: _____ **

** By entering my email address, I authorize PeopleCheck Inc./PeopleCheckus.com to deliver my report via email

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by PeopleCheck Inc./PeopleCheckus.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow PeopleCheck Inc./PeopleCheckus.com to determine with reasonable certainty that you are the subject of the report. PeopleCheck inc./PeopleCheckus.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification. PeopleCheck Inc./PeopleCheckus.com Privacy Policy can be viewed at www.peoplecheckus.com.

THIS FORM IS FOR PERMANENT RETENTION IN PERSONNEL FILE.

EMPLOYMENT RELEASE AUTHORIZATION

In conjunction with my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire PeopleCheck Inc./PeopleCheckus.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my character, academic background, credentials, Employment verification, city, county, state or federal court agency or department. You also may seek information concerning my employment history, workers' compensation (where available) history, motor vehicle record, education verification, civil litigation history and/or criminal record (to include drug testing but not limited to drug screening results). I hereby authorize any corporation; employer; former employer; educational institution; private information bureau; law enforcement agency, city, county, state or federal court, agency or department and any person that has any record or knowledge of my court, criminal, driving, education, immigration, legal, medical, Social Security Administration to provide any information or records in its possession regarding my history to PeopleCheck, Inc and/or its authorized agents.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from PeopleCheck Inc./PeopleCheckus.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, PeopleCheck Inc./PeopleCheckus.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from PeopleCheck Inc./PeopleCheckus.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Georgia and shall be governed by, and construed in accordance with, the laws of the State of Georgia.

Signature _____ **Date** _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ **Date of Birth** _____

STREET ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

DRIVER'S LICENSE NUMBER (copy of license required) _____ **STATE ISSUED** _____

EMAIL ADDRESS _____

Phone Number: _____ **Cell** _____ **Alternate contact number** _____

My prospective employer understands age (DATE OR BRITH) to be a protected characteristic and the information requested will not be used as the basis for any employment decision.

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By checking this box, I request to receive a free copy of any Report ordered on me.
Email address: _____ **
** By entering my email address, I authorize PeopleCheck Inc./PeopleCheckus.com to deliver my Report via email

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***** IF FAXING OR EMAILING REQUEST, THIS SECTION MUST BE COMPLETED BY EMPLOYER FOR PROCESSING *****

Company making request: Miami Valley Women's Center Date Submitted _____
Contact Person: Darla Webb Phone Number: 937-298-9998