



RenderHR LLC

Payroll/Human Resource Service

Disclosure and Authorization to Obtain Investigative Consumer Report

In connection with my application for employment or promotion or other job change, I understand that _____ (the Company) may obtain an INVESTIGATIVE CONSUMER REPORT that will include information as to my character, general reputation, personal characteristics and mode of living. This report may reveal information about work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, I understand and agree that, subject to any legal restrictions imposed by any federal, state or local law, the Company may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, civil matters, previous employment, educational background and professional licensing if any.

Report will be ordered from:

Consumer Reporting Agency Name

Address

_____-_____
City State Zip

(____)____-_____
Telephone

Consumer Reporting Agency Internet Address

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

NOTICE TO CALIFORNIA APPLICANTS

You have a right to obtain a copy of any investigative consumer report obtained by _____ by checking the box provided below. The report will be provided to you within three business days after the report is provided to _____ I request to receive a free copy of this report by checking this box.

Yes, please send me a copy of my report!

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.



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I acknowledge that a fax or copy of this Disclosure and Authorization bearing my signature shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I acknowledge that I have received a copy of the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

Name (please print legibly)

Address

_____-_____
City State Zip

(_____)_____-_____
Home Telephone

SSN

Date of Birth

Driver's License #

Email Address to send copy of report

Applicant Signature Date