



**AUTHORIZATION**

I have carefully read and understand the separate background check disclosure document and the below authorization form. I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state or local notices of rights provided with these documents. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by TalentWise, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

**First Name:** \_\_\_\_\_

**Full Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

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

**Date of Birth** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Drivers License Number & State Issued** \_\_\_\_\_

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

**CALIFORNIA, MASSACHUSETTS, MINNESOTA, NEW JERSEY, and OKLAHOMA** applicants or residents: You have a right to request a free copy of your report. Please check here if you would like [Company Name] to provide you with a copy of your report. [NO CHANGES ALLOWED]