Client Code:

310 State Highway 325
Blairsville, GA 30512
706-835-1831 (phone)
706-835-1093 (fax)
info@factsondemand.com

DISCLOSURE REGARDING CONSUMER REPORT BACKGROUND CHECK

Pursuant to the Fair Credit Reporting Act, this notice is to inform you that as part of our procedure in processing and evaluating your employment application, we will be obtaining and reviewing a consumer report for employment screening purposes.

_____ ("the Company") may obtain information about you from a third party consumer reporting agency for Employment purpose. I do hereby give to **Facts on Demand, Inc.,** or any of its agents, authorization to disclose orally or in writing the results of this background check to the employer, or designated authorized recipient. Thus, you may be the subject of a "consumer report" which may include information about your credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history background record, social security verification, education and employment history, motor vehicle record ("driving records") and any other applicable personal information. By signing below, I give my full consent for periodic Background checks to be performed for the duration of my employment with this company.

I understand that I am entitled to a copy of my rights under the FCRA as well as to request additional disclosures of the nature and scope of the investigation. This consumer report will be used for employment screening purposes as it is defined in the Fair Credit Reporting Act, section 603 (h). I certify that all information provided is truthful, accurate and provided voluntarily.

Signature: _____ Date: _____

Please print all information CLEARLY.

_____
***First Name** ***Middle Name** ***Last Name**

_____/_____/_____ _____/_____/_____ _____ _____
***Social Security Number** ***Date of Birth** ***Sex** ***Race**

_____ _____
***Current Address** ***City**

_____ _____
***State** ***Zip Code**

One of the following MUST be checked: How long, from above date, will this authorization be valid?
❑One-Time Only ❑90 Days ❑Periodic Background Checks may be made for the duration of my residence.

Applicant: DO NOT WRITE BELOW THIS LINE

❑ Employment Credit Report

GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.