FAIR CREDIT REPORTING ACT DISCLOSURE, AUTHORIZATION AND RELEASE FORM

Disclosure:

_______________________, when considering your application for employment, making a decision whether to offer you employment, deciding whether to continue your employment (if you are hired), and when making other employment-related decisions directly affecting you, may wish to obtain and use a "consumer report" and/or "investigative consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting act ("FCRA"), which applies to you. As either an applicant for employment or an employee of ___________________________, you are a "consumer" with rights under the FCRA. A "consumer report" is any written, oral or other communication of any information by a "consumer reporting agency" bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment.

- You have applied for a position for which this employer has determined that information in your credit history is "substantially job-related." An essential function of the position for which you have applied requires access to financial information not customarily provided in a retail transaction that is not a loan or extension of credit. The review of your credit history is for the protection and security of the employer and the employer’s applicants/residents. This position will involve one or more of the following duties: obtaining and reviewing personal and financial information on applicants and residents; handling payroll which may include personal information on other employees; and handling other sensitive financial information. If you have questions regarding the reasons your credit history is “substantially job-related”, you may discuss with the human resources representative.

An "investigative consumer report" is a consumer report in which the information about your character, general reputation, personal characteristics and mode of living is obtained in whole or in part through personal interviews with persons who may have knowledge concerning such information.

Authorization and Release:

I hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements I have given will be considered as cause for dismissal. As part of my request for employment, I voluntarily authorize all persons, businesses, current and former employers and supervisors, credit reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments and city, state, county and federal courts to release information they may have about me to ___________________________ or Pacific Screening, Inc. If I am employed by ___________________________, this permission shall remain in effect as long as I am an employee.

I voluntarily waive all recourse, and release all parties from liability for complying with or responding to this Authorization. Also, I request that a photocopy or facsimile of this Authorization be treated as though it were the original.

In accordance with the Fair Credit Reporting Act, if my employment is denied, based either wholly or partly on information contained in a consumer report or investigative consumer report from a consumer reporting agency, ___________________________ shall so advise me, and supply the name and address of the consumer reporting agency making the report.

I hereby authorize ___________________________ to obtain a consumer report and/or investigative consumer report regarding me in connection with (1) my application for employment, and/or (2) if I am hired, my continued employment.

I acknowledge that I have received and read this "Fair Credit Reporting Act Disclosure, Authorization and Release Form."

I have also received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Signature _______________________________ Printed Name ___________________________ Date ___________
Applicant Employment Screening Information
(FAX Completed Form to 503-297-1904 or 800-427-0914)

Applicant: Please complete the following for proper identification purposes. Please print legibly.

Applicant’s Full Name:
____________________________________________________________________________
Last First Middle
Social Security #: ___________________________ Date of Birth: ___________________________

Current Address:
___________________________________________________________________________________
(street, city, state, zip)

Previous Address:
__________________________________________________________________________________
(street, city, state, zip)

Have you ever been plead guilty or no contest to any felony or misdemeanor?  NO ____ YES _____

Have you ever been arrested or any current pending charges for any felony or misdemeanor?  NO ____ YES _____

If yes, please provide date, county and state and offense:
_____________________________________________________________________________________________
_____________________________________________________________________________________________

List the city and states you have lived for the last 10 years:

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<th>County</th>
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Requestor:________________________________________ Company: ____________________________________

Phone Number: ___________________________________

☐ CREDIT, EVICTIONS AND CRIMINAL SEARCH (Regional Criminal - Oregon, Washington)
☐ CREDIT, EVICTIONS AND NATIONAL CRIMINAL SEARCH
☐ OREGON DMV REQUEST

CRIMINAL SEARCH ONLY
☐ National Search (43 states, Sex Offender)
☐ County Search State (List County and State’s Search desired _______________)
(Prices Vary from county to county $15 and up. Call for pricing)

We recommend a national search and a secondary search for each county the applicant has lived.