NOTIFICATION, AUTHORIZATION, CONSENT TO RELEASE OF INFORMATION

_____ ("the Company") has retained Human Resource Advantage, LLC ("the Agency") to conduct a background check and prepare an investigative consumer report on you in connection with your application for employment. The Agency's address and telephone number are: HRA, P.O. Box 3239, La Pine, OR 97739; 800.232.9214.

- In the course of its investigation of you, the Agency may request and receive reports and/or information concerning you from, but not limited to, companies, former employers, licensing agencies, governmental agencies, credit agencies, educational institutions, military branch services, consumer reporting agencies, as well as criminal and driving records.
- I further understand that an investigative consumer report concerning me may include information about my character, general reputation, personal characteristics, and mode of living.
- The investigative consumer report may include information related to your character, general reputation, personal characteristics, and mode of living.
- You are entitled under the Fair Credit Reporting Act, California Consumer Credit Reporting Act and other federal and/or California law to a free copy of any investigative consumer report the Company obtains on you along with a copy of "Your Rights Under the Fair Credit Reporting Act."
- If adverse action is taken against you in whole or in part on the basis of the contents of the investigative consumer report, state and federal laws require the Company to give you notice of that fact as well as a copy of the investigative consumer report prepared on you.
- You have the right to dispute the accuracy or contents of the investigative consumer report directly with the Agency that prepared the report. To do so, you must notify the Agency.
- The nature and scope of the investigation to be conducted on you is as follows: _____

  _____
- Additionally, you may request (a) the information contained in your consumer file, (b) the sources of that information, (c) the identity of each person who procured a report, (d) the dates, original payees, and amounts of any checks upon which is based any adverse characterization of you, (e) a record of all inquiries received by the agency during the 1-year period preceding the request that identified you in connection with a credit or insurance transaction that was not initiated by you, and (f) your credit score.
- You have the right to visually inspect the file maintained on you by the Agency. Requests to review or obtain a copy of your file may be made in person, with proper identification, during normal business hours and with reasonable notice. You may be accompanied by one other person of your choosing, who shall furnish reasonable identification. Alternatively, you may inspect your file by certified mail, if you make a written request, with proper identification, for copies to be sent to a specified addressee. Or, you may obtain a summary of all information contained in your file by telephone, if you have made a written request, with proper identification, for a telephone disclosure, and the toll charge, if any, for the telephone call if prepaid by or charged directly to you.
- By signing below, you request and authorize all persons who have information relevant to this investigation to disclose such information, as may be requested.

CLEARLY Print: **Full Legal** *Name*: _____
(*As it appears on your Driver's license*) First Middle Last

List any other name(s) used (including maiden name): _____

_____ - _____ - _____ _____ / _____
Social Security Number Driver's License # State

Telephone Number: ( ) _____ / ( ) _____
Residence Other

Current Address: _____
Number Street Apt. # City State Zip Code

Other Cities/States of residence in last **seven** years:

City / State	Dates From/To	City / State	Dates From/To

I have ① read this Notification, Authorization, Consent to Release of Information; ② fully understand the terms of this release; and ③ authorize procurement of the consumer investigative report.

_____ _____
Applicant's Signature Date

☐ California residents check here if you wish a free copy of this report mailed to the current address supplied above.