



**DISCLOSURE AND AUTHORIZATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

**Sarian Solutions, Inc.** ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York and Maine applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York applicants or employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

**Employer please note:** If a Minnesota or Oklahoma consumer checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), please fax this form to your LexisNexis service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report, unless you have made prior arrangements for LexisNexis to do so on your behalf. Account Number: 036510.



## NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

**Sarian Solutions, Inc.** (the "Company") intends to obtain information about you for employment screening purposes from a consumer reporting agency. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004. The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under California Civil Code section 1786.22, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.

A summary of all information contained in the ICRA's file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. ICRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity.

The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.

AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION  
READ CAREFULLY BEFORE SIGNING

I have read the attached Summary of Rights Under the Fair Credit Reporting Act and hereby authorize the company to obtain consumer reports and/or investigative consumer reports as described.

I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address and telephone number of the consumer reporting agency.

I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agencies, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience or qualifications.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE STATEMENTS.

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PRINT NAME

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SIGNATURE

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DATE

**Background Check Information Request**

**Personal Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Address**

Street Name \_\_\_\_\_

Apt #/Floor (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Driver's License Information**

Driver's License #: \_\_\_\_\_ Driver's License State \_\_\_\_\_

**Reference Name (Professional Only)**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Work  Mobile  Home

Employer Name, if any: \_\_\_\_\_ # of yrs. acquainted: \_\_\_\_\_

Reference Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip*

**Reference Name (Professional Only)**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Work  Mobile  Home

Employer Name, if any: \_\_\_\_\_ # of yrs. acquainted: \_\_\_\_\_

Reference Address: \_\_\_\_\_

*Street Address*

**Reference Name (Professional Only)**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Work  Mobile  Home

Employer Name, if any: \_\_\_\_\_ # of yrs. acquainted: \_\_\_\_\_

Reference Address: \_\_\_\_\_  
*Street Address*

**Education Information (Please List Highest Degree)**

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
*Street Address*

*City*

*State*

*Zip*

**Degree Obtained & Area of Specialization**

**Year Obtained**

Bachelors \_\_\_\_\_

Masters \_\_\_\_\_

PhD \_\_\_\_\_

Other *(please specify)* \_\_\_\_\_

**Employment Information**

Present Employer Name \_\_\_\_\_

Present Employer Address: \_\_\_\_\_  
*Street Address*

*City*

*State*

*Zip*

Current Supervisor Name: \_\_\_\_\_ Tel#: \_\_\_\_\_



Current Supervisor Job Title \_\_\_\_\_

Your Current Job Title \_\_\_\_\_

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Former Employer Name: \_\_\_\_\_

Former Employer Address: \_\_\_\_\_

*Street Address*

*City*

*State*

*Zip*

Contact Name: \_\_\_\_\_ Tel#: \_\_\_\_\_

Contact's Job Title \_\_\_\_\_

Your Job Title \_\_\_\_\_