

## **INSTRUCTIONS FOR THE CONSUMER REPORT PACKET**

- All forms in this packet must be filled out and signed.
- The consumer is entitled to a copy of each document.

### **The packet includes the following documents:**

1. Disclosure For Consumer Reports
2. Authorization
3. Information Regarding Your Rights

If you have questions, please call PreciseCheck, LLC at 818.230.7885.

### **DISCLOSURE FOR CONSUMER REPORTS**

In connection with my application for employment (including contract or volunteer services) with the **Company Name** ("Company"), I understand consumer reports will be requested by Company. These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record (which will include all or part of the following information: photograph, social security number, driver's license number, your name, your address and medical or disability information), workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Acknowledged:

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Printed Full Name

### **AUTHORIZATION**

**I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by the **Company Name** (“Company”) and its consumer reporting agency PreciseCheck, LLC. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.**

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted \_\_\_\_\_ / No, my current employer cannot be contacted \_\_\_\_\_

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights \_\_\_\_\_ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact:  
PreciseCheck, LLC at 818.230.7885.

Printed First Name: \_\_\_\_\_

Printed Middle Name: \_\_\_\_\_

Printed Last Name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

Email: \_\_\_\_\_; I do not have or want email (initials) \_\_\_\_\_

Current Mailing Address – Street: \_\_\_\_\_

Current Mailing Address – City, State & Zip Code: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_ Job Location (State): \_\_\_\_\_

For identification purposes:

Social Security Number.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver’s License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_

### **INFORMATION REGARDING YOUR RIGHTS**

I understand that I have the right to make a request to the consumer reporting agency: PreciseCheck, LLC (“Agency”), 23801 Calabasas Road, Ste. 2001, telephone number (818) 230-7885, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency’s privacy policy at their website: [www.precisecheck.com](http://www.precisecheck.com).

I understand that if the **Company Name** (“Company”) is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here: ☐

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law \_\_\_\_\_ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.

**Personal information** in MVRs means information that identifies you, such as your photograph, social security number, driver’s license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date