

CONSUMER AUTHORIZATION

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Name as it appears on license:		
Driver's License #:	State:	Exp. Date:
Date of Birth:	Social Security #:	
Home Address:	City:	Zip:
Have you ever been convicted of a crime?No	Yes, If yes, please provide	city and state of conviction w/details of conviction

I hereby authorize, without reservation, First Choice and the directors, officers, employees, and agents of the foregoing, and any party or agency contracted by First Choice and their directors, officers, employees, and agents, as a condition precedent to employment or as a condition of continuing employment, to contact any of my previous employers or to contact schools, companies, credit bureaus, law enforcement agencies, government agencies, persons and educational institutions to supply any information concerning my background and to furnish the above listed information and to release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form. I believe to the best of my knowledge that all the information I have provided is accurate, true and correct and that I fully understand the terms of this release.

In consideration of and connection with my application for employment with **Event Network, Inc.** (including contract for services, if applicable) and as a consideration of continuing employment with **Event Network, Inc.**, I understand that an investigative background inquiry will be performed on myself, including, but not limited to, consumer credit history, criminal credit history, worker compensation claim history, civil records history, driving record history, employment history and other such reports that may exhibit information of my character, work habits, performance, education and experience, along with reasons for termination of employment from previous employers, where such information exists. This research may be performed for information dating back for the past ten years.

Print Full Name:

Applicant's Signature:

Today's Date:

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FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Statuses of updates are available on request. Although every effort has been made to assure accuracy, First Choice Background Screening cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. First Choice Research Screening's policy requires purchasers of these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact First Choice Background Screening.

NOTICE TO CALIFORNIA CANDIDATES

□ I request to receive a free copy of this report by checking the box.

Under section 1786.22 of California Civil Code, you may review the file maintained on you by First Choice Background Screening, during normal business hours. You also may obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at First Choice Background Screening in person, or by mailing the request. You may receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.