

INTERNATIONAL DISCLOSURE AND AUTHORIZATION

DISCLOSURE: A CONSUMER REPORT MAY BE PROCURED FOR EMPLOYMENT PURPOSES ON BEHALF OF:

COMPANY NAME

A consumer report or investigative consumer report including information about your character, general reputation, personal characteristics, or mode of living may be obtained. According to the Fair Credit Report Act, upon receiving a written request, Employment Screening Services, Inc. (627 E. Sprague, Suite 100, Spokane, WA 99202, 1-800-473-7778) will provide information regarding the nature and scope of the report, should it include information about your character, general reputation, personal characteristics or mode of living and a summary of your rights.

AUTHORIZATION

I voluntarily and knowingly authorize for employment purposes only, any present or past employer or supervisor, university or institution of learning, administrator, law enforcement agency, state agency, federal agency, credit bureau, private business, military branch or the National Personnel Records Center, the Minnesota Bureau of Criminal Apprehension, personal reference, and/or other persons, to give records or information they may have concerning my criminal history, motor vehicle history, earnings history and employment records, credit history, worker's compensation claims (including from the state of MN), general reputation, character, or any other information requested to Employment Screening Services, Inc. and/or its agents or representatives. (In accordance with the federal American with Disabilities Act, a worker compensation claim search will not be requested unless a conditional job offer has been made.) I understand that if hired, my consent will apply throughout my employment unless I revoke or cancel it by sending a signed letter to the company Human Resources office.

In accordance with host nation laws regarding the release of information, the Data Protection Privacy Act, the European Privacy Act and others, I authorize Employment Screening Services, Inc. to be my authorized agent to receive any and all records received as well as the release and transmittal of information from any country to the above agencies and my employer in the United States or other countries.



SIGNATURE

DATE

FULL NAME (Type or Print Legibly)

LIST ANY OTHER NAMES UNDER WHICH YOU HAVE WORKED OR RECEIVED A DEGREE

STREET ADDRESS

CITY, STATE, ZIP

SSN OR COUNTRY ID NUMBER

COUNTRY OF ISSUE

COUNTRY OF BIRTH

DRIVER'S LICENSE NUMBER

COUNTRY OF ISSUE

NAME EXACTLY AS IT APPEARS ON DRIVERS LICENSE

PASSPORT NUMBER

COUNTRY OF ISSUE

MAY WE CONTACT YOUR CURRENT EMPLOYER? (✓ box below)

YES

NO

NOT APPLICABLE

**The DOB is used for identification purposes only and plays no part in the selection process. All federal and states rights are respected. Year of Birth optional.*