



Select Personnel Investigations, LLP

P.O. Box 2139

Burleson, Texas 76097

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www.selectpi.com

DISCLOSURE

Disclosure Regarding Background Investigation

Employer [_____] 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 personal/professional references. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

I hereby consent to your obtaining the above information from Select Personnel Investigations PO Box 2139; Burleson, TX 76097, Voice: (866) 243-5054. I understand that providing personal identifiers and other information is necessary as an aid in the proper identification and evaluation of my records.

I understand that I am being provided the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681i. I understand I have the right to request the additional disclosures provided for under subsection (b) of § 606 - 15 U.S. Code § 1681d.

This Disclosure, in electronic, faxed, or photocopied form, will be valid for any reports that may be requested by the Company.

Last 4 digits of SSN or Government ID: _____

Signature: _____ Date: ____/ ____/ ____

(Please sign above to acknowledge this Disclosure)

Employer Only Below This Line

I, _____ (employer) certify I have made the disclosures to the consumer required by paragraph (1) of § 606 - 15 U.S. Code § 1681d and will comply with subsection (b) of § 606 - 15 U.S. Code § 1681d.

Signature: _____ Date: ____/ ____/ ____

(Please sign above to certify this Disclosure)