

Consent to Conduct

Background Investigation

Worksite Employer: _____ Company Code: _____

Applicant Name: _____ Other names you have used: _____

Date of Birth: ____/____/____ Social Security Number: _____ Gender: _____ Race: _____

Driver's License Number: _____ State Issued: _____

List below all addresses for last SEVEN years starting with most current: (attach additional page if necessary):

	Street Address	City	State	Zip	County	Dates
1						
2						
3						
4						
5						
6						
7						

I understand that, as a condition of my employment, ADP TotalSource, its parent and subsidiary companies, affiliates, and Clients, including my worksite employer (collectively "TotalSource"), will use the services of a consumer reporting agency to verify the information I have provided on my employment application, and may, during my employment if hired, use the services of a consumer reporting agency for purposes of making an employment decision. **I understand that my successful completion of a background investigation is a material term and condition of employment and if I start work before the investigation is completed, my employment will be contingent on the results.**

I understand the investigation may include obtaining information covering up to (1) the last seven (7) years regarding my work habits, education, general reputation, personal characteristics, credit history, driving records, mode of living, government-issued licenses, judgment liens, criminal background, references, character, past employment, and (2) the last ten years regarding bankruptcies.

I understand such information may be obtained by direct or indirect contact from former employers, schools, financial institutions, landlords and public agencies and through personal interviews with my neighbors, friends and associates, acquaintances or other persons who may have such knowledge. The information requested is required by law enforcement agencies and other entities for positive identification purposes and will not be used for any other purpose. **By checking this box , I authorize you to contact my current employer.**

In the event personal interviews are conducted, I understand that I have the right to receive notice about the nature and scope of any investigative consumer report within five days after TotalSource receives my request or five days after the investigative consumer report was requested, whichever is later, unless a shorter time is required by state law. By checking this box I indicate that I wish to receive further disclosure about the nature and scope of any TotalSource request for an investigative consumer report.

I also understand that before I am denied employment based on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify TotalSource within five business days of my receipt of the report. If I notify TotalSource within five days of the receipt of the report that I am challenging information in the report, TotalSource will not make a final decision on my employment status until after I have had a reasonable opportunity to address the discrepancy.

I hereby consent to this investigation and authorize TotalSource to procure a report on my background from a consumer reporting agency. I authorize ADP TotalSource and its clients to release the results of background checks to each other and to other ADP TotalSource clients for whom I have applied for employment, and release ADP TotalSource and its clients from any and all claims related to the lawful release of this information. I release TotalSource and any and all persons or entities providing information or reports about me from any liability arising out of the requests or release of information. This report will be processed by: ADP Screening and Selection Services - 301 Remington Street - Fort Collins, Colorado 80524 / 800-367-5933.

California applicants only: The nature and scope of the investigation sought is as follows: _____. I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed. I understand I have the right to inspect visually the files concerning me maintained by an investigative consumer credit reporting agency during normal business hours and upon reasonable

notice. The inspection can be done in person if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer credit reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards.

Massachusetts Applicants only: The specific nature and scope of the investigation involving personal interviews includes: _____ . I also understand that before or in the event I am denied employment based, in whole or in part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my applicable state rights.

Minnesota applicants only: I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed. I also have the right, upon my direct request to the consumer reporting agency, to obtain a complete and accurate disclosure of the nature and scope of the consumer report. The disclosure obtained from the consumer reporting agency must be in writing and mailed or delivered to me within five days after the request for the disclosure was received or the consumer report was requested, whichever is later.

New Jersey applicants only: The specific nature and scope of the investigation involving personal interviews includes: _____ .

Oklahoma applicants only: I have the right to request a copy of my consumer report from the consumer reporting agency by checking this box . The report will be sent directly to me by the agency to my most current address listed.

Washington applicants only: I also understand that before or in the event I am denied employment based, in whole or in part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my applicable state rights.

Employee Signature

Date

For Worksite Employer Use Only

Position offered: _____

Credit

CrimLink

Motor Vehicle

Driver's License#: _____ State Issued: _____

State Criminal

State: _____ State: _____

County Criminal

County Name: _____ State: _____

Federal Criminal

Employment

Employer name: _____ City: _____ State: _____

(Verify applicant

Employer name: _____ City: _____ State: _____

consent above)

Employer name: _____ City: _____ State: _____

Employer name: _____ City: _____ State: _____

Education

Institution name: _____ City: _____ State: _____

Institution name: _____ City: _____ State: _____

Institution name: _____ City: _____ State: _____

Government Registries

Sex Offender Registry State(s): _____

Department of Health & Human Services Check

Government Sanctions Registry

Return results by email to _____ OR Return Results by Fax to # _____

Fax this form to: 866-580-3238

Phone: 866-400-6011, option 1

For ADP TotalSource Use Only

Date Form Was Received: _____ Processed By: _____ Date: _____