

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION ([View Disclosure](#)) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT ([view the summary of your rights](#)) and certify that I have read and understand both of those documents.

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by

Employer's Name:

at any time after receipt of this authorization and, to the extent permitted by law, throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by:

BCS Background Screening LLC, 1172 South Dixie Hwy #257, Coral Gables, FL 33146. Telephone (800) 661-0278.

Privacy practices: usabackground.com/privacy/

and/or Employer.

I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Investigative consumer reports: If the Employer obtains an investigative consumer report, I understand that I have the right, upon written request made within a reasonable time, to request a complete and accurate disclosure of the nature and scope of the investigation.

State and City Provisions

☐ **California, Minnesota and Oklahoma residents/applicants only:** Please check the box if you would like to receive a free copy of a consumer report or investigative consumer report if one is obtained by the Employer.

New York residents/applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Employer by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law ([view Article 23-A](#)).

New York City residents/applicants only: You acknowledge and authorize the Employer to provide any notices required by federal, state or local law to you at the address(es) and/or email address(es) you provided to the Employer.

Washington State residents/applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Los Angeles residents/applicants only: View the [Notice to Applicants and Employees for Private Employers](#).

San Francisco residents/applicants only: View the [San Francisco Fair Chance Ordinance](#) notice.

Electronic Signature

I consent to sign and receive these documents electronically, and I may ask the Employer for a paper copy. I understand that by either signing my name or, typing my name and my Last four SSN, and by checking "I ACCEPT" below, that I am electronically signing the above document. I understand that my electronic signatures will be binding as though I had physically signed these documents by hand. I agree that a printout of this authorization may be accepted with the same authority as the original.

☐ **I ACCEPT**

Print Name:

Last 4 digits SSN:

Signature:

Today's Date: