TEAM Background Sample Forms Packet

For compliance with the federal Fair Credit Reporting Act (FCRA) as well as state and local laws, employers must provide certain disclosures and applicable notices and obtain signed authorizations for each consumer before a background check is obtained. We recommend that you consult with experienced legal counsel to review laws in your jurisdiction, including the FCRA, and to, among other things, determine your obligations with respect to each consumer.

This packet contains several sample documents that are aimed at providing a starting point for you as you determine how to best meet your obligations as an employer under applicable laws. For ease of reference, these sample documents can also be found within the TEAM Background system under “Docs & Forms.”

These sample documents are provided for educational purposes ONLY and should NOT be construed as legal advice, guidance, or counsel. You should consult with your own attorney(s) about your compliance responsibilities under the FCRA as well as under other federal, state, and local laws and should consult with your attorney(s) before using any sample. TEAM Background, LLC, expressly disclaims any warranties, responsibility, or damages associated with or arising out of the information or samples provided. Further, for employers seeking credit reports or information, additional notices may be necessary.

You are responsible for the content of any documents provided to your candidates and employees.

Core Federal Documents:

1. Disclosure of Intent to Obtain Consumer Reports
    a. New York City (NYC) employers seeking to obtain a non-criminal history report, should reference the sample NYC version of the Federal Form provided in this packet, which further customizes the Federal Form in light of NYC considerations.
2. Disclosure of Intent to Obtain Investigative Consumer Reports
3. Summary of Your Rights Under the FCRA
4. Authorization to Obtain Consumer Report(s) and/or Investigative Consumer Report(s)

In its final form, each document should be presented to the consumer as a separate, standalone document and signed by the consumer where required.

Supplementary Sample Documents:

In addition to the core federal documents/requirements outlined above, your company may be subject to industry-specific, state, or local disclosure, notice, or authorization obligations. TEAM Background, LLC, has included several additional sample documents that may be relevant to your company; however, you should consult with your own attorney(s) about your compliance responsibilities under the FCRA as well as under other federal, state, and local laws and should consult with your attorney(s) before using any sample.

8165 South Mingo Road, Suite 100 Tulsa, OK 74133-4667 | 918.970.2323 | teamqualify.com

In its final form, each document should be presented to the consumer as a separate, standalone document and signed by the consumer where required.

Jurisdiction Specific Sample Forms

1. ***California*** – State Disclosure of Intent to Obtain Consumer Reports and/or Investigative Consumer Reports and San Francisco Fair Chance Ordinance
2. ***Massachusetts*** – State Disclosure of Intent to Obtain Investigative Consumer Reports
3. ***Minnesota*** – State Disclosure of Intent to Obtain Consumer Reports and/or Investigative Consumer Reports
4. ***New Jersey*** – State Disclosure of Intent to Obtain Investigative Consumer Reports
5. ***New York*** – State Disclosure of Intent to Obtain Consumer Reports and/or Investigative Consumer Reports and Article 23-A of the New York Correction Law
6. ***Oklahoma*** – State Disclosure of Intent to Obtain Consumer Reports and/or Investigative Consumer Reports
7. ***Washington*** – State Disclosure of Intent to Obtain Consumer Reports and/or Investigative Consumer Reports

Product Specific Sample Forms

1. ***Motor Vehicle Reports***
    a. *Washington* – Driving Record Release of Interest
    b. *New Hampshire* – Release of Motor Vehicle Records
2. ***DOT Employment Verifications*** – DOT Past Drug and Alcohol and Accident History Release
3. ***FMCSA Clearinghouse Limited Queries*** – General Consent for Limited Queries of the FMCSA Drug and Alcohol Clearinghouse
4. ***FMCSA PSP Report*** – PSP Authorization and Disclosure

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CONSUMER INFORMATION FORM

Please complete this form to aid in processing your consumer report. Be sure to review and enter all information that is applicable.

Subject Information

Name (First, Middle, Last):_____

Additional/Other Names Used (if applicable):

1. _____
2. _____
3. _____

Social Security Number (SSN):_____ **Date of Birth:**_____

Driver's License Information:

License Number:_____ **State**:_____ **Country:**_____

Current Address:

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Previous Addresses in the Last 7 Years:

1. **Street Address:**_____

   City:_____ **State:**_____ **Zip:**_____
2. **Street Address:**_____

   City:_____ **State:**_____ **Zip:**_____
3. **Street Address:**_____

   City:_____ **State:**_____ **Zip:**_____
4. **Street Address:**_____

   City:_____ **State:**_____ **Zip:**_____
5. **Street Address:**_____

   City:_____ **State:**_____ **Zip:**_____

Education History

Please provide the details for your highest achieved level of education.

School Name:_____

City:_____ **State:**_____

Start Date:_____ **End Date:**_____

College:

Degree:_____ **Major:**_____

Did You Graduate: ☐ Yes ☐ No ***If Yes,* Graduation Date:**_____

Education Information

Please list all employers from the past seven years.

May We Contact Your Current Employer: ☐ Yes ☐ No

1. **Company Name:**_____

   Street Address:_____

   City:_____ **State:**_____ **Zip:**_____

   Job Title/Position:_____

   Was this a Department of Transportation (DOT) Position: ☐ Yes ☐ No

   Start Date:_____ **End Date:**_____

   Contact:_____ **Contact Phone:**_____

2. **Company Name:**_____

   Street Address:_____

   City:_____ **State:**_____ **Zip:**_____

   Job Title/Position:_____

   Was this a Department of Transportation (DOT) Position: ☐ Yes ☐ No

   Start Date:_____ **End Date:**_____

   Contact:_____ **Contact Phone:**_____

3. **Company Name:**_____

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Job Title/Position:_____

Was this a Department of Transportation (DOT) Position: ☐ Yes ☐ No

Start Date:_____ **End Date:**_____

Contact:_____ **Contact Phone:**_____

4. **Company Name:**_____

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Job Title/Position:_____

Was this a Department of Transportation (DOT) Position: ☐ Yes ☐ No

Start Date:_____ **End Date:**_____

Contact:_____ **Contact Phone:**_____

5. **Company Name:**_____

Street Address:_____

City:_____ **State:**_____ **Zip:**_____

Job Title/Position:_____

Was this a Department of Transportation (DOT) Position: ☐ Yes ☐ No

Start Date:_____ **End Date:**_____

Contact:_____ **Contact Phone:**_____

The information provided on this document is true and correct to the best of my knowledge:

Printed Name:_____

Signature:_____

Date:_____

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

_____, including its designated representatives, agents, assigns, affiliated and related entities (collectively, the "Company"), may obtain consumer reports on you from consumer reporting agencies for employment purposes (sometimes referred to as background screening reports). These consumer reports may be obtained on you as an applicant, and from time to time during your employment with the Company.

"Consumer reports" are reports from consumer reporting agencies bearing on an individual's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. Consumer reports may include driving records, criminal records, credit reports, and similar records or reports.

Signature: _____ **Date:** _____

Print Name: _____

[End of Document]

DISCLOSURE OF INTENT TO OBTAIN INVESTIGATIVE CONSUMER REPORTS

_____, including its designated representatives, agents, assigns, affiliated and related entities (collectively, the "Company") may request an investigative consumer report on you for employment purposes. The investigative consumer report may be obtained on you as an applicant, and from time to time during your employment with the Company.

An "investigative consumer report," means a consumer report, or portion of the report, in which information on your character, general reputation, personal characteristics, and/or mode of living is obtained through personal interviews with neighbors, friends, prior employers, associates or others with whom you are acquainted or who may have knowledge concerning any such items of information. Investigative consumer reports may include employment and character reference checks.

You have a right to request: (i) disclosure of the nature and scope of the investigation requested, (ii) A Summary of Your Rights Under the Fair Credit Reporting Act, and (iii) a copy of such report.

Signature: _____ **Date:** _____

Print Name: _____

[End of Document]

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You many limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	 a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

AUTHORIZATION TO OBTAIN CONSUMER REPORT(S) AND/OR INVESTIGATIVE CONSUMER REPORT(S)

By signing below, I acknowledge that: (a) I have received the following separate documents; (b) they are clear, conspicuous, and separate from any other documents; (c) I have read and understood them; and (d) _____, including its designated representatives, agents, assigns, affiliated and related entities (collectively, the "Company"), may rely on them to obtain one or more consumer reports and/or investigative consumer reports on me:

- Disclosure of Intent To Obtain Consumer Reports
- Disclosure of Intent To Obtain Investigative Consumer Reports
- A Summary of Your Rights Under the Fair Credit Reporting Act
- Additional Notices Under Federal Law (where applicable)
- Additional Notices Under State/Local Law (where applicable)

By signing below, I authorize and permit the Company to:

- Procure and/or retain consumer reports and investigative consumer reports on me for employment purposes, including in connection with my application for employment, and if hired, during my employment.
- Authorize the consumer reporting agency from whom the Company obtains consumer reports and/or investigative consumer reports, to obtain information about me from any public or private information source.
- Authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, past and present employers, the military, individuals with whom I am acquainted (such as neighbors, friends and associates), and other sources having knowledge about me, to furnish any and all information on me that is requested by the consumer reporting agency or the Company.
- Authorize and instruct the consumer reporting agency to provide my consumer report(s) and/or investigative consumer report(s) to the Company.
- Authorize the Company to provide and/or disclose my consumer report(s) to customers, when job-related and consistent with business necessity (such as for work assignment eligibility, worksite security clearance, etc.)

Where allowed by law, this authorization is valid for the duration of my application and, if employed with the Company, for the duration of my employment. I further acknowledge that a fax, image, electronic or physical copy of this authorization is as valid as the original. I understand that nothing herein is construed as a contract for employment or services.

Signature: _____ **Date:** _____

Print Name: _____

[End of Document]

Sample documents are provided for educational purposes ONLY and should NOT be construed as legal advice, guidance, or counsel. Clients should consult their own attorney(s) about their compliance responsibilities under the Fair Credit Reporting Act as well as under other federal, state, and local laws and should consult with their own attorney(s) before using any sample. TEAM Background expressly disclaims any warranties, responsibility, or damages associated with or arising out of information or samples provided. For clients seeking credit reports or information, additional notices may be necessary.

STATE DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS

CALIFORNIA

_____, including its designated representatives, agents, assigns, affiliated and related entities (collectively, the "Company") may obtain an Investigative Consumer Report about you for employment purposes as part of the Company's pre-employment background investigation and/or as part of your continued employment with the Company. The Investigative Consumer Report may include information relating to your character, general reputation, personal characteristics, and mode of living.

Such a report will be obtained from the following investigative consumer reporting agency ("Agency"): TEAM Background, LLC., 8165 S Mingo Rd, Suite 100, Tulsa, OK 74133, 918-921-4815, www.teamqualify.com. Regarding the nature and scope of the investigation, the Agency may interview former employers, business references, personal references, and/or others for information regarding prior employment, work experience and performance, reasons for employment termination, and information as to character, general reputation, personal characteristics, or mode of living. The Agency may also conduct a records check of driving, criminal, credit, education, degrees, professional licenses, and/or certification records, depending on the job position and the state involved.

Summary of Your Rights Under the California Investigative Consumer Reporting Agencies Act (California Civil Code §1786.22). The Agency will supply files and information that you have a right to inspect during normal business hours and on reasonable notice. All files the Agency maintains on you will be made available for your visual inspection, as follows:

- In person, if you appear in person and furnish proper identification. A copy of the file will also be available to you for a fee not to exceed the actual costs of copying.
- By certified mail, if you make a written request, with proper identification, for copies to be sent to a specified address. However, agencies complying with a request for such a mailing will not be liable for disclosures to third parties caused by mishandling of mail after the mail leaves the Agency.
- A summary of all information contained in your file and required to be provided to you under the California Civil Code will be provided by telephone, if you have made a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

"Proper identification" includes information generally deemed sufficient to identify a person (e.g., a valid driver's license, social security account number, military identification card, and credit cards). Only if you are unable to reasonably identify yourself with the information described above, may the Agency require additional information concerning your employment and personal or family history to verify your identity.

The Agency will provide trained personnel to explain any information furnished to you. The Agency will provide a written explanation of any coded information contained in your file. This written explanation shall be distributed whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choice when you come to inspect your file. This person must furnish reasonable identification. The Agency may require you to furnish a written statement granting permission to the Agency to discuss your file in your companion's presence.

☐ Please check this box if you wish to receive a free copy of any Consumer Report, Consumer Credit Report, or Investigative Consumer Report obtained by the Company.

AUTHORIZATION

I authorize the Company to obtain investigative consumer reports on me for employment purposes.

Signature: _____ **Date:** _____

Print Name: _____

[End of Document]

LOCAL FAIR CHANCE ACT NOTICE

SAN FRANCISCO, CALIFORNIA

City & County of San Francisco Fair Chance Ordinance

Post Where Employees Can Read Easily. Failure to post this notice may result in penalties.

OFFICIAL NOTICE

Under the San Francisco Fair Chance Ordinance, employers must follow strict rules regarding criminal records.
Employers with 5 or more employees worldwide and all City contractors must comply.

- Employers MAY NOT ask about arrests or convictions on a job application.
- Employers MAY NOT conduct a background check or ask about criminal records until AFTER making a conditional offer of employment.
- Employers may only consider convictions that are directly related to the job, and may never consider 7 types of arrests or convictions, including convictions that are more than 7 years old (see www.sfgov.org/olse/fco).
- Before an employer rejects an applicant based on a background check, the employer must: notify the applicant and provide a copy of the background check; give the applicant 7 days to respond; reconsider based on evidence the applicant provides.

For more information, visit www.sfgov.org/olse/fco or call the San Francisco Fair Chance hotline at (415) 554-5192.

AVISO OFICIAL - Ordenanza de Oportunidades Equitativas de San Francisco

Correo donde los empleados pueden leer fácilmente. La falta de publicación de este aviso puede resultar en sanciones.

De conformidad a la Ordenanza de Oportunidades Equitativas de San Francisco, los empleadores deben seguir reglas estrictas con respecto a los antecedentes penales.
Los empleadores con 5 o más empleados en todo el mundo y todos los contratistas de la Ciudad deben cumplir con las reglas.

- Los empleadores NO DEBEN preguntar sobre arrestos o condenas en una solicitud de empleo.
- Los empleadores NO DEBEN realizar una revisión de antecedentes ni preguntar acerca de antecedentes penales hasta DESPUÉS de hacer una oferta condicional de empleo.
- Los empleadores sólo pueden considerar las condenas que estén directamente relacionadas con el trabajo, y nunca deben considerar 7 tipos de arrestos o condenas, incluyendo las condenas que tienen más de 7 años de antigüedad (véase www.sfgov.org/olse/fco).
- Antes de rechazar a un candidato en base a una verificación de antecedentes, el empleador debe: notificar al candidato y proporcionarle una copia de la verificación de antecedentes; darle al candidato 7 días para responder; reconsiderar en base a la evidencia que el candidato presente.

Para obtener más información visite www.sfgov.org/olse/fco o llame a la línea directa de Oportunidades Equitativas de San Francisco al (415) 554-5192.

Office of Labor Standards Enforcement
(415) 554-5192

For more information
please visit www.sfgov.org/olse

City & County of San Francisco Fair Chance Ordinance

Post Where Employees Can Read Easily. Failure to post this notice may result in penalties.

正式通告 - 舊金山公平機會條例

請張貼在僱員容易看到的地方。未張貼此通知可能會導致懲罰。

根據舊金山公平機會條例，雇主必須遵守關於犯罪紀錄的嚴格規定。於全球各地擁有五位或以上員工的雇主以及所有市府承包商，皆必須遵守規定。

- 雇主不得於應徵申請表格里询问是否有拘捕或刑事有罪判決紀錄。
- 雇主僅可以在提供有條件錄取求職者後询问是否有犯罪紀錄或进行背景調查。
- 雇主僅能考量與個人從事該工作直接相關的刑事有罪判決，而且不得考慮七種類型的拘捕或刑事有罪判決包括七年以前的刑事有罪判決（請見www.sfgov.org/olse/fco）。
- 雇主根據背景調查拒絕求職者之前必須：通知求職者並提供背景調查結果的副本；給予求職者七天的時間做出回應；依據求職者提供的證據重新考量。

欲查詢更多資訊，請瀏覽 **www.sfgov.org/olse/fco** 或致電舊金山公平機會條例專線 **(415) 554-5192.**

OPISYAL NA ABISO - Ang Ordinansa ng Makatarungang Pagkakataon ng San Francisco

Post Saan empleyado Puwede Basahin Madaling. Ang pagkabigong mag-post ng paunawang ito ay maaaring magresulta sa mga multa.

Sa ilalim ng Batas para sa Patas na Pagkakataon (Fair Chance Ordinance), kailangang sundin ng mga taga-empleyo ang mahihigpit na patakaran ukol sa mga kriminal na rekord. Kailangang sumunod ang mga employer may 5 o higit pang empleyado sa buong mundo at kailangan ding sumunod ng lahat ng kontratista ng Lungsod.

- HINDI PUWEDENG magtanong ang mga employer tungkol sa mga pagka-aresto o hatol ng korte sa aplikasyon para sa trabaho.
- HINDI PUWEDENG magsagawa ang mga employer ng background check (pag-iimbestiga sa nakaraan), o magtanong tungkol sa mga kriminal na rekord hanggang sa MATAPOS ang pagbibigay ng kondisyonal na alok ng trabaho.
- Ang mga hatol ng korte na may direktang kinalaman lamang sa trabaho ang posibleng isaalang-alang ng mga employer at hindi kailanman dapat isaalang-alang ang 7 uri ng pag-aresto o hatol ng korte, kasama na ang mga hatol na 7 taong gulang na (tingnan ang www.sfgov.org/olse/fco).
- Bago tanggihan ng employer ang aplikante batay sa background check, kailangan muna nilang gawin ang mga sumusunod: abisuhan ang aplikante at magbigay ng kopya ng background check; bigyan ang aplikante ng 7 araw para sumagot; muling pag-isipan ito batay sa ebidensiyang ipagkakaloob ng aplikante.

Para sa iba pang impormasyon, bisitahin ang www.sfgov.org/olse/fco o tawagan ang San Francisco Fair Chance sa teleponong (415) 554-5192.

STATE DISCLOSURE OF INTENT TO OBTAIN INVESTIGATIVE CONSUMER REPORTS

MASSACHUSETTS

An investigative consumer report commonly includes information as to an individual's character, general reputation, personal characteristics, and mode of living. The precise nature and scope of the investigation being requested on you includes: interviews with former employers to confirm dates of employment and positions held.

You have the right to receive a copy of the investigative consumer report, upon request.

AUTHORIZATION

I authorize the Company to obtain investigative consumer reports on me for employment purposes. This authorization will be valid for the duration of my application and, if employed by the Company, for the duration of my employment.

Signature: _____ **Date:** _____

Print Name: _____

[End of Document]

STATE DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS

MINNESOTA

A consumer report and/or investigative consumer report may be obtained or caused to be prepared by _____, including its designated representatives, agents, assigns, affiliated and related entities (collectively, the "Company"), in connection with your employment. If an investigative consumer report is sought by the Company, the report may include information obtained through personal interviews regarding your character, general reputation, personal characteristics, or mode of living.

You may make a written request to the consumer reporting agency, requesting complete and accurate disclosure of the nature and scope of the consumer report. The consumer reporting agency must make this disclosure, in writing, and must mail or deliver the disclosure to you, within five (5) days of the date the request for disclosure was received or the consumer report was requested, whichever is later.

If you wish to receive a free copy of the consumer or investigative consumer report obtained on you, please indicate by checking this box. ☐

AUTHORIZATION

I authorize the Company to obtain consumer reports and/or investigative consumer reports on me for employment purposes. This authorization will be valid for the duration of my application and, if employed by the Company, for the duration of my employment.

Signature: _____ **Date:** _____

Print Name: _____

[End of Document]

STATE DISCLOSURE OF INTENT TO OBTAIN INVESTIGATIVE CONSUMER REPORTS

NEW JERSEY

An investigative consumer report commonly includes information as to an individual's character, general reputation, personal characteristics, and mode of living. The precise nature and scope of the investigation requested on you includes: interviews with former employers to confirm dates of employment and positions held.

You have the right to receive a copy of the investigative consumer report, upon request.

AUTHORIZATION

I authorize the Company to obtain investigative consumer reports on me for employment purposes. This authorization will be valid for the duration of my application and, if employed by the Company, for the duration of my employment.

Signature: _____ **Date:** _____

Print Name: _____

[End of Document]

STATE DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS

NEW YORK

A consumer report and/or investigative consumer report may be requested by _____, including its designated representatives, agents, assigns, affiliated and related entities (collectively, the "Company") in connection with your application for employment and/or employment with the Company. Upon request, you will be informed whether or not a consumer report or an investigative consumer report was requested.

Any consumer report and/or investigative consumer report requested will be furnished by the following consumer reporting agency: TEAM Background, LLC., 8165 S Mingo Rd, Suite 100, Tulsa, OK 74133, 918-921-4815, www.teamqualify.com. You may inspect and receive a copy of such report by contacting the consumer reporting agency.

Subsequent consumer reports, other than investigative consumer reports, may be requested or utilized in connection with employment.

In addition, attached is a copy of Article 23-A of the New York Correction Law governing the licensure and employment of persons previously convicted of one or more criminal offenses.

AUTHORIZATION

I acknowledge that I have received a copy of Article 23-A of the New York Correction Law. I authorize the Company to obtain consumer reports and/or investigative consumer reports on me for employment purposes. This authorization will be valid for the duration of my application and, if employed by the Company, for the duration of my employment.

Signature: _____ **Date:** _____

Print Name: _____

NEW YORK CORRECTION LAW

ARTICLE 23-A

LICENSURE AND EMPLOYMENT OF PERSONS PREVIOUSLY CONVICTED OF ONE OR MORE CRIMINAL OFFENSES

§ 750. Definitions.

For the purposes of this article, the following terms shall have the following meanings:

(1) "Public agency" means the state or any local subdivision thereof, or any state or local department, agency, board or commission.

(2) "Private employer" means any person, company, corporation, labor organization or association which employs ten or more persons.

(3) "Direct relationship" means that the nature of criminal conduct for which the person was convicted has a direct bearing on his fitness or ability to perform one or more of the duties or responsibilities necessarily related to the license, opportunity, or job in question.

(4) "License" means any certificate, license, permit or grant of permission required by the laws of this state, its political subdivisions or instrumentalities as a condition for the lawful practice of any occupation, employment, trade, vocation, business, or profession. Provided, however, that "license" shall not, for the purposes of this article, include any license or permit to own, possess, carry, or fire any explosive, pistol, handgun, rifle, shotgun, or other firearm.

(5) "Employment" means any occupation, vocation or employment, or any form of vocational or educational training. Provided, however, that "employment" shall not, for the purposes of this article, include membership in any law enforcement agency.

§ 751. Applicability.

The provisions of this article shall apply to any application by any person for a license or employment at any public or private employer, who has previously been convicted of one or more criminal offenses in this state or in any other jurisdiction, and to any license or employment held by any person whose conviction of one or more criminal offenses in this state or in any other jurisdiction preceded such employment or granting of a license, except where a mandatory forfeiture, disability or bar to employment is imposed by law, and has not been removed by an executive pardon, certificate of relief from disabilities or certificate of good conduct. Nothing in this article shall be construed to affect any right an employer may have with respect to an intentional misrepresentation in connection with an application for employment made by a prospective employee or previously made by a current employee.

§ 752. Unfair discrimination against persons previously convicted of one or more criminal offenses prohibited.

No application for any license or employment, and no employment or license held by an individual, to which the provisions of this article are applicable, shall be denied or acted upon adversely by reason of the individual's having been previously convicted of one or more criminal offenses, or by reason of a finding of lack of "good moral character" when such finding is based upon the fact that the individual has previously been convicted of one or more criminal offenses, unless:

(1) There is a direct relationship between one or more of the previous criminal offenses and the specific license or employment sought or held by the individual; or

(2) The issuance or continuation of the license or the granting or continuation of the employment would involve an unreasonable risk to property or to the safety or welfare of specific individuals or the general public.

§ 753. Factors to be considered concerning a previous criminal conviction; presumption.

1. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall consider the following factors:

    a. The public policy of this state, as expressed in this act, to encourage the licensure and employment of persons previously convicted of one or more criminal offenses.
    b. The specific duties and responsibilities necessarily related to the license or employment sought or held by the person.
    c. The bearing, if any, the criminal offense or offenses for which the person was previously convicted will have on his fitness or ability to perform one or more such duties or responsibilities.
    d. The time which has elapsed since the occurrence of the criminal offense or offenses.
    e. The age of the person at the time of occurrence of the criminal offense or offenses.
    f. The seriousness of the offense or offenses.
    g. Any information produced by the person, or produced on his behalf, in regard to his rehabilitation and good conduct.
    h. The legitimate interest of the public agency or private employer in protecting property, and the safety and welfare of specific individuals or the general public.

2. In making a determination pursuant to section seven hundred fifty-two of this chapter, the public agency or private employer shall also give consideration to a certificate of relief from disabilities or a certificate of good conduct issued to the applicant, which certificate shall create a presumption of rehabilitation in regard to the offense or offenses specified therein.

§ 754. Written statement upon denial of license or employment.

At the request of any person previously convicted of one or more criminal offenses who has been denied a license or employment, a public agency or private employer shall provide, within thirty days of a request, a written statement setting forth the reasons for such denial.

§ 755. Enforcement.

1. In relation to actions by public agencies, the provisions of this article shall be enforceable by a proceeding brought pursuant to article seventy-eight of the civil practice law and rules.

2. In relation to actions by private employers, the provisions of this article shall be enforceable by the division of human rights pursuant to the powers and procedures set forth in article fifteen of the executive law, and, concurrently, by the New York city commission on human rights.

[End of Article 23-A of the New York Correction Law]

STATE DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS

OKLAHOMA

For employment purposes, _____, including its designated representatives, agents, assigns, affiliated and related entities (collectively, the "Company") will obtain consumer reports and/or investigative consumer reports on you as an applicant and/or from time to time during employment.

If you wish to receive a free copy of the consumer report or investigative consumer report obtained on you, please indicate by checking this box. ☐

AUTHORIZATION

I authorize the Company to obtain consumer reports and/or investigative consumer reports on me for employment purposes. This authorization will be valid for the duration of my application and, if employed by the Company, for the duration of my employment.

Signature: _____ **Date:** _____

Print Name: _____

[End of Document]

STATE DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS AND/OR INVESTIGATIVE CONSUMER REPORTS

WASHINGTON

_____, including its designated representatives, agents, assigns, affiliated and related entities (collectively, the "Company") may obtain or cause to be obtained, a consumer report and/or investigative consumer report on you, for employment purposes. An investigative consumer report may include information as to your character, general reputation, personal characteristics, and mode of living, whichever are applicable.

Upon written request, and within a reasonable time period after receipt of this disclosure, you have the right to obtain a complete and accurate disclosure of the nature and scope of the investigation requested. You also have the right to request a written summary of rights under the Washington Fair Credit Reporting Act, prepared under Wash. Rev. Code § 19.182.080(7).

AUTHORIZATION

I authorize the Company to obtain consumer reports and/or investigative consumer reports on me for employment purposes.

Signature: _____ **Date:** _____

Print Name: _____

[End of Document]

WASHINGTON STATE DEPARTMENT OF LICENSING

Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company–To be completed by the company or the agent of the company

PRINT or TYPE Company name

Agent company name *(if applicable)*

Company/Agent company address

Authorized representative name	Title

Answer the following

1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? . . . . . ☐ Yes ☐ No
2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? . . . . . ☐ Yes ☐ No
3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? . . . . . ☐ Yes ☐ No
4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? . . . . . ☐ Yes ☐ No

Certification

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place (city or county) signed

X **Authorized representative signs here.**

Authorized representative signature

Employee, prospective employee, or volunteer–Complete this section and return the form to the company

PRINT or TYPE Full name *(First, Middle, Last)*	Date of birth *(mm/dd/yyyy)*	WA driver license number

Authorization from

☐ Employee–for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment

☐ Prospective employee–for release of my driving record for employment purposes, not to exceed 30 days from date signed

☐ Volunteer–for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization

Employer, prospective employer, or volunteer organization name

Employer agent company name if acting on behalf of the company for employment purposes

Authorization

I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent.

X **Please sign here.**

Signature Date

RCW 46.52.130

DSC-425-020 (R/5/19)WA

Robert L. Quinn
Commissioner of Safety

State of New Hampshire

DEPARTMENT OF SAFETY
DIVISION OF MOTOR VEHICLES
STEPHEN E. MERRILL BUILDING
23 HAZEN DRIVE, CONCORD, NH 03305
Telephone: (603) 227-4000 TDD Access Relay NH 7-1-1

John C. Marasco
Director of Motor Vehicles

RELEASE OF MOTOR VEHICLE RECORDS

FORM DSMV 505 (Rev. 3/22)

STEP 1 ***What information are you requesting from the DMV?***

DRIVER information:	REGISTRATION information:	TITLE information:	TICKET, ACCIDENT OR COURT information:	OTHER information:
☐ Driver record, certified copy with current record information ($15)	☐ Certified vehicle/vessel information for registration year _____ ($15)	**Out-of-state company** request for a title search of an owner's information ($20): ☐ Storage or Mechanic's Lien ☐ Abandoned Vehicle	☐ Copy of a ticket ($1 per page): Date: _____	☐ Other (please specify): _____
☐ Driver record, insurance copy ($15)	☐ A letter verifying a walking disability placard ($15)	**NH company** request for owner's information: ☐ Storage or Mechanic's Lien ☐ Abandoned Vehicle (must attach a TDMV 71, which can be found on our website www.nh.gov/dmv)	☐ Copy of a suspension notice ($1 per page): Date: _____	
☐ A copy of a driver license application ($15)	☐ Report of only currently registered vehicles ($5)	☐ Title history search for a vehicle ($20) (this is not a duplicate title)	☐ Copy of a restoration letter ($1 per page): Date: _____	
☐ A letter verifying a NH driver license with original issue date ($15)	☐ A copy of a bill of sale ($1)	☐ Titled owner's supporting documents submitted when applying for a title ($1 per page)	☐ An accident report ($5 minimum, $1 per page. You will be notified if cost exceeds $5). **Please complete the information to the right** → → → → → → → → → → → →	**Date of accident**: _____/_____/_____ **Location of accident:** _____ Street or Route _____ City/Town
☐ A copy of a Driver Education Certificate ($1)			☐ Copy of an insurance card related to an accident ($1).	

STEP 2 ***Who are you?*** Check **ONE** of the three boxes below:

☐ **I AM THE RECORD HOLDER OR VEHICLE OWNER of the above documents I am seeking.**

○ **I am representing myself in a court case.**

Docket # _____ Court: _____

☐ **I AM NOT THE RECORD HOLDER, but the record holder has approved this request and has had their signature notarized in Step 4. The requestor may NOT be the Notary or Justice of the Peace.**

☐ **I AM NOT THE RECORD HOLDER but I am a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14.** If checking this box, you must disclose what you intend to use this information for. You must also submit a Certificate of Authority, or a current one must be on file at the DMV (see Step 5 for both requirements).

Whose information are you looking for (the record holder's information)? ***Required information**

*Full name (include hyphen if applicable):

_____
First name Middle name Last name

*Date of birth: _____/_____/_____

Last known address: _____

Driver license or ID #: _____

- - - - - - - - - - - - - - - - **OR** - - - - - - - - - - - - - - - -

Plate or Bow #: _____

Vehicle or Boat Identification Number (VIN/HIN):

_____

STEP 3 ***Information of the person filling out this form (the requestor):*** ***Required information**

*Your full name: _____ Your phone number: (_____) _____ - _____
(Be sure to include a hyphen if applicable.)

*Mailing address: _____
Street/PO Box City/Town State Zip

If Applicable:
Company Name: _____ NHB#_____ Prepaid Acct. #: _____

CONTINUED ON NEXT PAGE – SIGNATURE REQUIRED (SEE STEP 7)

STEP 4

Notary Public or Justice of the Peace Acknowledgment

This Acknowledgment is required to be signed by the record holder ONLY if the record holder is authorizing someone else to get the requested information.

If the requestor is asking for his/her own information, this section DOES NOT need to be completed, and you may proceed to Step 6.

I am the record holder and I authorize my record to be released to the requester listed in Step 3:

_____ Date: ____/____/_____
Signature of record holder

State of _____, County of _____,ss. Date: ____/____/_____

The above named _____ personally appeared and made oath that the above declaration by him/her is true.

_____ ____/____/_____
Notary Public/Justice of the Peace Commission expires

Affix Seal

STEP 5

Intended Use of Information: To be completed **only** if you are a member of a bank or lienholder, a tow company, a private investigator licensed by this state, an employer, an insurance company, a public utility, or a law firm/lawyer, all pursuant to RSA 260:14 (see sections below).

- ☐ For use in connection with any **civil, criminal, administrative or arbitral proceeding.** [RSA 260:14, V(a)(2)]. *Docket #:*_____ *Court*: _____
- ☐ By a **bank or similar institution** to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14, V(a)(3)].
- ☐ For providing notice to the owner(s) of a **towed or impounded vehicle** [RSA 260:14, V(a)(5)]
- ☐ For providing notice to the owner(s) for **storage** or a **Mechanic's Lien**
- ☐ For use by any **private investigative agency or security service** licensed by this state for any purpose permitted pursuant to RSA 260:14, V(a), other than for bulk distribution for surveys, marketing or solicitations pursuant to RSA 260:14 V(a)(8). Indicate specific reason here: _____ [RSA 260:14, V(a)(6)].
- ☐ By an **employer or its agent or insurer** to obtain or verify information relating to a holder of a commercial drivers license [RSA 260:14, V(a)(7)].
- ☐ By a **public utility** to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(9)].
- ☐ For an **insurance company** or its authorized agent [RSA260:14, IV(a)(2)].
- ☐ For use by **a life insurance company** authorized to write life insurance policies, or its authorized agent. In checking this, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating and underwriting. [RSA 260:14, V(a)(10)]. *Initial here:* _____

Requirements for a Certificate of Authority (C.O.A.):

1. Must be on company letterhead.
2. Must list the types of DMV documents you want.
3. Must state what you intend to do with the DMV documents named.
4. Must name employees who may make requests in person/mail for your company, if any.
5. Must be signed by the attorney/owner/principal.
6. The NH DMV must have a new C.O.A. each calendar year. All expire December 31st.
7. All requests requiring a C.O.A. must be completed at Concord DMV.
8. A requestor may not sign or authorize their own C.O.A.

STEP 6

IMPORTANT!!! Please read the penalty clause below:

RSA 260:14, IX states as follows: (a) A person is guilty of a misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business license issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

STEP 7

Signature (this step is required):

I have read the NH law RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to NH law RSA 641:3 and subject to the penalties specified in NH law RSA 260:14, IX.

Signature of Requestor: _____ *Date:* ____/____/_____

STEP 8

Submit your request:

- **Mail:** NH DMV, 23 Hazen Drive, Concord NH 03305 (Please indicate "DSMV 505" on the envelope).
- **In person:** You are required to bring photo identification that has not been expired for more than 3 years.
- **Payment:** Please make checks payable to: "State of NH – DMV."

DOT Past Drug/Alcohol and Accident History Authorization to Release

TO BE COMPLETED BY APPLICANT

Applicant/Employee:_____ SSN:_____ Date of Birth:_____

New Employer Name:_____ Phone:_____ Fax:_____

New Employer Address:_____

City:_____ State:_____ Zip:_____

Designated Employer Representative:_____ E-mail: _____

I understand that as a condition of hire with the above named "New Employer", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle).

I hereby authorize the following previous employer / company for which I worked in a DOT safety-sensitive position to furnish the following DOT information to TEAM Background on behalf of _____

1. *DOT alcohol and controlled substance information in accordance with DOT Part 40.25 limited to the following DOT regulated testing items, including pre-employment testing results (i) alcohol tests with a result of 0.04 or higher; (ii) verified positive drug tests; (iii) refusals to be tested; (iv) other violations of DOT agency drug and alcohol testing regulations; (v) documentation, in any, of completion of the return-to-duty process following a rule violation.*

2. *Safety performance history information in accordance with 49 CFR Part 391.23, which includes: employment dates, work history (which may include position held, reason for leaving, any termination information, whether subject to the Federal Motor Carrier Safety Administration regulations, equipment experience, area driven, and other information as applicable) and accident information (including accident date, nature of accident, whether it was preventable, whether there were injuries, fatalities, or hazardous materials involved, and copies of any accident report).*

Employee Signature:_____ **Date:** _____

1. Previous Employer Name:_____ Phone:_____

   Previous Employer Address: _____

   City:_____ St:_____ Zip:_____

   Designated Employer Representative (if known)_____

FMCSA APPLICANTS ONLY

Pursuant to Section 391.23(i) of the Federal Motor Carrier Safety Regulations, you have the following rights with regard to the information released:

1. You have the right to make a written request at any time to review the information provided by previous employers, contractors (if owner-operator), or trucking schools, as applicable.
2. You have the right to have errors in the information corrected by the previous employer, contractor (if owner-operator), or trucking school, as applicable and for that employer, contractor (if owner-operator), or trucking school to re-send the corrected information.
3. You have the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer, contractor (if owner-operator), or trucking school and you cannot agree on the accuracy of the information.

Employee Signature:_____ **Date:** _____

GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE

I, _____, hereby provide consent to _____ ("Company") and its consumer reporting agency, TEAM Background, LLC to conduct limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Company or TEAM Background, LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Company or TEAM Background, LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Company or TEAM Background, LLC to conduct a limited query of the Clearinghouse, Company must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Acknowledgement:

I hereby authorize Company and TEAM Background, LLC to conduct limited queries on me in the Clearinghouse at any time after receipt of this Authorization and, if I am hired by the Company or currently employed by the Company, throughout my employment.

_____
Printed Name

_____
Signature

_____
Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

IMPORTANT DISCLOSURE

REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service*

In connection with your application for employment with _____("Prospective Employer"), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize _____ ("Prospective Employer") to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to https://dataqs.fmcsa.dot.gov. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report.

I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____ _____

Signature

_____

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

NOTICE: The prospective employment concept referenced in this form contemplates the definition of "employee" contained at 49 C.F.R. 383.5.

LAST UPDATED 2/11/2016