



## ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT 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"), and its designated agents and representatives at any time after receipt of this authorization and 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, local agency, court, credit bureau, financial institution, licensing agency, governmental agencies, military and other individuals and entities, to furnish any and all background information requested by **HR Screening Services, Inc., 521 Cedar Way, Oakmont, PA 15139, 412-517-1212, [www.hrscreening.com](http://www.hrscreening.com)** and/or Employer. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York 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. <https://www.criminaljustice.ny.gov/pio/correction-law-article-23a.pdf>

**New York City 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 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.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Employer. [ ]

**California applicants or employees only:** By signing below, you also acknowledge receipt of the Disclosure Regarding Background Investigation Pursuant to California Law. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. [ ]

**New York and Maine applicants or employees only** - You have the right to inspect and receive a copy of any investigative consumer report requested by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

**Oregon applicants or employees only:** Information describing your rights and under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information and remedies available should you suspect or find that the Company has not maintained secured records is available to you on request.

**Los Angeles residents/applicants only:** View the LA Notice to Applicants and Employees for Private Employers. <https://bca.lacity.org/Uploads/fciho/Ban%20the%20Box%20Poster%20-%20Private%20Employers%2C%20as%20of%208.23.18.pdf>

**San Francisco residents/applicants only:** View the San Francisco Fair Chance Ordinance. [https://sfgov.org/olse/sites/default/files/FCO%20poster2020\\_0.pdf](https://sfgov.org/olse/sites/default/files/FCO%20poster2020_0.pdf)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_