BACKGROUND INFORMATION RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that a consumer credit report, including an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my worker's compensation claims, motor vehicle operation history, education, and criminal history from various state, private and insurance sources along with other public records available. (Worker's Compensation information will only be requested in compliance with the ADA).

I hereby authorize, without reservation, any law enforcement or government agency, administrator, institution, information service bureau, employer or insurance company, to furnish the above-mentioned information.

I further acknowledge that the telephonic facsimile (FAX) or photocopy shall be as valid as the original. According to the Fair Credit Reporting Act, I am entitle to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and given the name of the agency or source of information.

My signature below indicates my authorization for your company to obtain a consumer credit report and/or investigative consumer report about you from a consumer-reporting agency.

I understand that I may request a copy of any report that is prepared regarding me. I should direct my request to: Gerald Gold & Associates, 1701 E. Woodfield Road, Suite 704, Schaumburg, Illinois 60173. Phone 1-847-995-8990.

I acknowledge that I have received a copy of the above notice and that I authorize a copy of my credit report to be released to your company and/or its agents or an investigative consumer report to be requested by your company.

Date _____

Signature _____

Social Security Number _____

I wish to receive a copy of any report that is prepared about me: Yes No

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. ***PLEASE PRINT CLEARLY.***

_____ _____ _____
LAST NAME FIRST NAME MIDDLE NAME

_____ _____ _____ _____
STREET ADDRESS CITY STATE ZIP

_____ _____ _____ _____
DRIVERS LICENSE NUMBER STATE OF LICENSE EXPIRES ON DATE OF BIRTH

_____
List any other LAST NAMES you have used during the previous 7 years, or under which you received you GED, high school diploma or other degrees.