



2555 Lincoln Hwy | Suite 203 | Olympia Fields, IL 60461

DISCLOSURE & AUTHORIZATION FOR BACKGROUND INVESTIGATION

Company Name: _____

Company Address: _____

In connection with my application for employment, contract work, promotion, reassignment, or continued employment with the company listed above (“the Company”), I understand that a consumer report and/or investigative consumer report may be obtained for employment purposes.

DISCLOSURE

I understand that a **consumer report** may include information about my:

- Criminal history
- Social Security number verification and address history
- Employment history and verification
- Education verification
- Motor vehicle records (if driving is part of the job)
- Professional licenses and certifications
- Other background information relevant to employment

I also understand that an **investigative consumer report** may include information about my character, general reputation, personal characteristics, and mode of living obtained through personal interviews with references, employers, or associates.

These reports may be obtained at any time after receipt of this authorization and, if I am hired, throughout my employment where permitted by law.

The background screening will be conducted by:

Screening Company: Intelligents ETV (Intelligents Employee & Tenant Verification, LLC)

Address: _____

Phone: _____



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I understand that I have the right, upon written request made within a reasonable time, to request whether an investigative consumer report has been obtained and to receive additional information about the nature and scope of the investigation.

AUTHORIZATION

I hereby authorize the Company and its designated agent, **Intelligents ETV**, to obtain consumer reports and/or investigative consumer reports about me for employment purposes.

I authorize all individuals, schools, employers, government agencies, law enforcement agencies, motor vehicle departments, and other organizations to provide information about me to Intelligents ETV and/or the Company for these purposes.

I release Intelligents ETV, the Company, and all providers of information from any liability arising from the lawful collection and use of this information for employment purposes.

I understand that I may have additional rights under state law.

I understand that I am entitled to a copy of my consumer report and a written summary of my rights under the Fair Credit Reporting Act (FCRA) if any adverse action is taken based in whole or in part on the report.

CONTINUING AUTHORIZATION (Optional)

I authorize the Company to obtain additional background reports during my employment as permitted by law.

PERSONAL INFORMATION (For Identification Purposes Only)

Full Legal Name: _____

Other Names Used (Aliases/Maiden): _____

Date of Birth: _____



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Social Security Number: _____

Driver's License Number/State (if applicable): _____

Current Address: _____

City/State/ZIP: _____

Phone Number: _____ Email: _____

APPLICANT CERTIFICATION & SIGNATURE

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from employment or termination if discovered later.

Applicant Signature: _____

Printed Name: _____

Date: _____