ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the Fair Credit Reporting Act Disclosure and A Summary of Your Rights Under the Fair Credit Reporting Act and certify that I have read and understand both of these documents. I hereby authorize, without reservation, the obtaining of "consumer reports" and/or "investigative reports" by _____ ("Company") at any time after receipt of this authorization, throughout my [employment/volunteer service] to the extent permitted by law.

I understand and acknowledge that such "consumer reports" and/or "investigative reports" may include information about my character, general reputation, personal characteristics, or mode of living, and may involve personal interviews with my past or present neighbors, friends, supervisors, relatives, or associates. I acknowledge that these reports may contain information regarding my credit history, criminal history, driving records, education, or employment history.

I further authorize any present or former employer, educational institution, law enforcement agency, federal, state or local agency, department of motor vehicles, consumer reporting agency, information service bureau, or insurance company to furnish any and all background information requested by Company or an agent of Company.

By signing my name below, I understand that I have authorized the background check as described above, and I certify that:

- I have received and reviewed the Fair Credit Reporting Act Disclosure and the Summary of Your Rights Under the Fair Credit Reporting Act;
- The information provided below is accurate and complete to the best of my knowledge. I understand the information provided below will be used to evaluate my employment/volunteer qualifications and that any false statements or omissions may be cause for termination or dismissal; and
- I agree that a facsimile, electronic, or photocopy of this authorization may be accepted with the same authority as the original.

Printed Name of Applicant: _____ Signature of Applicant: _____

Today's Date: _____ Telephone Number: _____

PLEASE COMPLETE THE BELOW - PLEASE PRINT NEATLY -

FIRST NAME:_____FULL MIDDLE NAME:_____ LAST NAME: _____

ALIAS / MARRIED LAST NAMES:_____

SOCIAL SECURITY NUMBER: _____ - _____- _____ DATE OF BIRTH:_____/_____/_____

DRIVERS LICENSE #: _____ STATE ISSUED: _____

List your addresses for the last seven (7) years. Please PRINT clearly.

CURRENT ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO
FORMER ADDRESS:	CITY	STATE	ZIP	COUNTY	FROM / TO

FELONY OR MISDEMEANORS: YES ☐ NO ☐ PLEASE DESCRIBE:

1._____

2._____

3._____

4._____

All arrests, charges, convictions and non-convictions need to be listed here. Please list location (county and state) and date of arrest or charge. Please do not omit any information and *print* clearly.

PROPERTY OF: RDK CORPORATION