

## CRIMINAL RECORDS and BACKGROUND RELEASE AUTHORIZATION and DISCLOSURE

| COMPANY OR ORGANIZA   | TION:  |  |   |  |  |  |
|---|--|--|---|--|--|--|
| I,FIRST NAME  | MIDDLI   | MIDDLE NAME  |   | LAST NAME (Please Include Jr., Sr., II, III, etc.)   |  |  |
| (FCRA). These investigative reports may incomployment, work experience, professional records), sexual offender's lists, wants and OIG/GSA, OFAC/Patriots Act, any sanction employment/contract/volunteering. I hereby SOLUTIONS and/or its designated agents employer/organization. I authorize the conhave. This authorization and consent shall be I also authorize the full release of the infinformation provided below or on my resuremployment application will be considered j | O SOLUTIONS will seek and obtain consumed to be consumed to the consumer of th | mited to verification cords (from local, stary records, educationize that these records elease of these records and investigations around investigations around the best of my kno at any time. Upon | of Social Security Numbers, federal, international attended and verification, license and sonal verification, license and sonal verification, license and information for the elords and information for the deposit of the elords and individual, company, find any duration of time with wledge. Any false stateme request, UNIQUE BACK | per, names and dates of and other law enforceme verification, credit historigibility and qualification and publication and publication and publication are publication. I also this provided on this for GROUND SOLUTION | previous/current int agencies' ry, civil cases, on of my UND tential ic agency may  so certify that all m, my resume or NS will supply a |  |
| prepared in the investigation of your backg   | ng for work with a California, Minnesota or O<br>ground. CA Codes 1785.20.5, 1786.16(a)(5)(b<br>ough UNIQUE BACKGROUND SOLUTION  | o)(1), & 1786.22; M  | IN Code 13C Subdivision   | 2; OK Code 24 O.S. §   | 148. Background  |  |
| Responses to the following questions are of   | completely voluntary. You need not respond require the following information when check  |  |   |  |  |  |
| FIRST NAME  | MIDDLE NAME  | E LAST NAME  |   |  |  |  |
|   |  |  |   |  |  |  |
| SOCIAL SECURITY NUMBER  | DATE OF BIRTH (Month/Day/Year)   | PLEASE CHECK ONE   |   | RACE   |  |  |
|   |  | Male Female  |   |  |  |  |
| Alias/Maiden/Previous Name(s) Use the ba  | ack of this form if more space is needed.  |  |   |  |  |  |
| FIRST NAME  | MIDDLE NAME  |  |   | YEARS USED   |  |  |
|   |  |  |   |  |  |  |
|   |  |  |   |  |  |  |
|   |  |  |   |  |  |  |
| List all addresses, including current addresses   | ss, for the past 7 years. Use the back of this   |  |   |  |  |  |
| ADDRESS, CI   | TY and STATE   | ZIP CODE   | COUNTY  | DATE FROM  | DATE TO  |  |
|   |  |  |   |  |  |  |
|   |  |  |   |  |  |  |
|   |  |  |   |  |  |  |
| Complete if applying for a position that m  | nay involve driving a motor vehicle  |  |   |  |  |  |
| DRIVER'S LICENSE NUMBER   | STATE ISSUED   | EXPIRATION DATE  |   |  |  |  |
|   |  |  |   |  |  |  |
|   |  |  |   |  |  |  |
| APPLICANT SIGNATURE:  | DATE:  |  |   |  |  |  |