## COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING BACKGROUND CONSUMER REPORTS

(Important: Please read carefully before signing)

The Fair Credit Reporting Act requires that we inform you that a background investigation may be conducted as part of our screening and hiring process. This may include an inquiry to obtain information regarding your character, employment, history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness. The primary objective of any investigation will be to verify information you provided on your application or during the interview process in connection with your application for and/or continued employment (or contract) with the company. A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with the company. Upon timely written request to our personnel department, and within 5 days of the request, the name, address and phone number of the reporting agency and the nature and scope of the report (if one is made) will be provided to you. You have the right to request details of the report from the consumer reporting agency.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, the address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

The items of information requested below are required to process your background investigation. They are intended solely for that purpose and will not be used in a discriminatory manner for the making of business decisions.

Date of Birth:	//(Month,	Day, Year)			
Driver License # State:					
Social Security #	/				
Other Names Used &	Date Changed				(Year Changed)
Professional License May we contact your	(s):Y	State(s): /esNo	Type(s):	Number (s):	
	es For The Past 7 Years: City, State & Zip Code	(attach additional	l sheets, if necessary	) r.	To Mo./Yr.
If yes, please explain	charged with or convicted in some detail, including  City & State	what county and s	state, and in what yea	ar:	
without any reservat and professional refe limited to, credit, crin other entities furnish ongoing procuremen	orthwest Suburban Integration, to investigate my backerences, educational historianal, motor vehicle dataing such information from the types of reports now of this document may be	ekground as it pert ry, licenses and in and workers com n liability and res nentioned herein a	tains to employment formation contained pensation. I hereby roponsibility in connectany time during m	history and perfo in public records release all persons tion herewith. I fu	rmance, personal , including, but not s, companies or arther authorize
Printed Full Name of	Applicant				
Signature of Applicar	nt			Date	/
(MN/CA/OK/ME/NY	Residents Only): Do you w	ish to receive a co <sub>l</sub>	y of your consumer r	eport? Yes l	Vo