

BACKGROUND CHECK DISCLOSURE AND RELEASE AUTHORIZATION FORM FOR EMPLOYMENT PURPOSES

Background Screening Disclosure	
Pfister Bulk Transport (the "Company") may required consumer reporting agency in connection with your employment reassignment, or retention as an employee. Your background in investigative consumer reports. These reports may be obtained by the Company, throughout your employment. Corra, 201 Con 1-310-524-9800, and its designated agents and representatives reports. The scope of the consumer report/investigative consumer consumer credit, names and dates of previous/current employment, state, federal, international and other law enforcement agmotor vehicle records, military records, educational verification sanction lists, finger printing and drug testing. These reports may personal characteristics, mode of living, work habits, job performemployment from previous employers. You may request more in	or another consumer reporting agency will prepare or assemble the ner report may include, but is not limited to, the following areas: nent, worker's compensation claims, criminal history records (from gencies' records), sexual offender's lists, wants and warrants records, license verification, civil cases, OIG/GSA, OFAC/patriot act, any by include information as to your general reputation, character, mance and experience along with reasons for termination of past
Authorization and Release	
which an individual, company, firm, corporation, institution, sch authorize the full release of the information described above, w at the Company. I certify that all information provided below is	e the complete release of these records or data pertaining to me nool or university, law enforcement or public agency may have. I without any reservation, throughout any duration of my employment true and accurate to the best of my knowledge. This authorization orm. I understand that Corra's privacy practices can be found at
Signature:	Date:
The following information is required by law enforcement agent records. It is confidential and will not be used for any other purpose.	cies and other entities for identification purposes when checking pose. PLEASE PRINT LEGIBILY:
Print Full Name (First Middle Last)	
	Maiden / AKA / Previous Name(s)
Social Security Number (SSN)	Maiden / AKA / Previous Name(s)
Social Security Number (SSN) Date of Birth (MM/DD/YYYY) (This will not affect hiring decise)	
Date of Birth (MM/DD/YYYY) (This will not affect hiring decis	ion)

Phone Number