EMPLOYMENT INQUIRY RELEASE

In conjunction with my application for employment/volunteering with you, I understand that you intend to hire SELECTION.COM® to obtain Consumer Reports and I or Investigative Consumer Reports (Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These "Reports" do NOT include my Credit Report but may include information concerning motor vehicle record, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment/acceptance to me. If you contemplate making an adverse decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COM®, I will receive a copy of the Report and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, SELECTION.COM® or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired/accepted this authorization shall remain on file and be valid for one (1) year from the date affixed below and shall serve as an ongoing authorization for you to obtain Reports about me from SELECTION.COM® at any time during my employment/appointment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from any Report shall be brought only in state or federal court in Hamilton County, Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Signature	and the same of th	Date	- · · · · · · · · · · · · · · · · · · ·		
THE FOLLOWING IN	FORMATION IS REQUIRED	TO CONDUCT THE BA	CKGROUND INVESTIG	ATION	
PRINT NAME					
Last Name	First Name	Middle Initial	Social	Security Number	
.ADDITIONAL NAME (if applicable)		· · · · · · · · · · · · · · · · · · ·	PHONE NUMBER		
STREET ADDRESS		C!TY	STA	TEZIP	
DRIVER'S LICENSE NUMBER			STATE ISSU	JED	
E-MAIL ADDRESS					
List states and counties of residence, other					
COUNTYSTATE	; COUNTY	STATE;	COUNTY	STATE	
FOR IDENTIFICATION PURPOSES ONLY	: Date of birth				
	free copy of any Report orde	red about me.	No. 10 10 10 10 10 10 10 10 10 10 10 10 10	**	
Notice to California Residents; Under California Civil Code Section 1786.22, obtain a copy of this file, either in person or b summary of the file by telephone by being ab you are the subject of the Report, SELECTIC information appearing in your file. If you a furnishes proper identification. The SELECTIC	y mail, by submitting proper id le to provide adequate identific N.COM® is required to have p ppear in person, another per	entification and paying the cation as to allow SELECT personnel available to exp son of your choice may	costs of duplication serving. TON.COM® to determine lain your file to you and mader accompany you, provide	ces. You may also receive with reasonable certainty the rust explain to you any code	
*********** IF FAXING OR EMAILIN	G REQUEST, THIS SECTION M	UST BE COMPLETED BY E			
Customer NumberContact Person		·	Date Submitted Position Applied For		
nformation Requested:	Limin Matabet		Lowing Abbien Lot —		
Combined Report:					

This Form Provided By: SELECTION.COM®, 155 Tri-County Parkway, Sulte 150, Cincinnati, OH 45246. Telephone: 800,325,3609; Fax: 888.767.2435,

For background check entry, send to requests@selection.com with applicant's full name in the subject line.