



SUBLETTE COUNTY UNIFIED FIRE DEPUTY FIRE CHIEF APPLICATION

Instructions to the Applicant:

The information that you provide in this Personal History Statement will be used to assist in determining your suitability for employment with Sublette County Unified Fire. An extensive background investigation will be conducted into your personal history prior to any hiring. Your background will be submitted to a Hiring Review Board. If the Board makes a favorable recommendation, you may be given a conditional offer of employment. This initial offer is conditional upon your successful completion of a medical examination, a psychological examination, a drug screening test, and possibly other tests required by this agency. Based on the results of this final testing and further review by the Hiring Review Board, you may then be offered a position.

Keep in mind that:

1. All addresses, references, former employers, and previous residences must be complete with physical and mailing addresses or the application will be rejected.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for employment with Sublette County Unified Fire.
4. All time periods in your background, unless otherwise specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with a fire service agency. For example, having been fired from a job or having an arrest record may not, in and of itself, disqualify you from consideration for employment. During the background investigation, the investigator will inquire into the facts surrounding each occurrence and an evaluation will be made about the relevance of these facts to the requirements of the position for which you have applied.

Please print your responses to this application in ink. Do not type on this form, do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer. If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number.

Please read the four (4) waivers at the end of this packet carefully and have your signature notarized before returning them to our office.

The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with Sublette County Unified Fire.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

When complete, return this questionnaire along with the attachments to Sublette County Unified Fire either by mailing it to the following address, or in person at the administrative office located at P.O. Box 2410, 130 South Fremont Avenue, Pinedale, WY 82941.

Any questions you may have regarding the completion of this packet may be addressed by contacting the Fire Chief or his Administrative Assistant at: 307-367-4550.

PERSONAL HISTORY STATEMENT

REQUIRED DOCUMENTS

Attach copies of the following required documents to this questionnaire. Original transcripts and birth certificate are necessary to thoroughly complete your background check. However, it is acceptable to initially provide copies of the required documents followed later with the originals. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate the documents that are attached with a check mark in the space provided below.

- 1. Signed and notarized release waivers.
- 2. High school diploma or GED certificate. (originals MUST be received by us in an officially sealed envelope from the school)
- 3. Transcripts from colleges or universities. (originals MUST be received by us in an officially sealed envelope from the school)
- 4. Military discharge papers. (MUST include discharge status long form)
- 5. Citizenship or naturalization papers.
- 6. Certified copy of your birth certificate. (originals MUST be received by us in an officially sealed envelope from the issuing state)
- 7. All marriage licenses and divorce decrees.
- 8. Name change documents.
- 9. Tax information authorization - IRS Form 8821 (included in this packet) Complete Section #7 (sign and date only)
- 10. NFPA and NWCG training certifications

The completed application package and all supporting documents must be sent to the following address:

Sublette County Unified Fire
Attn: Background
PO Box 2410
Pinedale, WY 82941

OPTIONAL DOCUMENTS

- 1. Copies of other certificates, awards or commendations you would like considered.
- 2. A full-face photograph of yourself. Must have been taken within the last 3 months. This is not required but may be of assistance during the background check.

PERSONAL INFORMATION

The following information is required of you for verification and contact purposes:

1. Your Name (please print)

LAST

FIRST

MIDDLE

List other names you have used or been known by. Include maiden names, married or adopted name(s), or nicknames:

2. List physical address of the residence where you live:

List your mailing address if different than your physical:

3. List telephone numbers which you can be contacted and the hours when you will be available

Home: _____

Work: _____

Cell: _____

Email: _____

Social Network Websites: _____

4. Date of Birth: _____
Month Day Year

5. Place of Birth: _____
City State Country

If a naturalized citizen: _____
Naturalization Date Naturalization Location Certificate Number

6. Social Security Number: _____

In accordance with the Federal Act of 1974, disclosure is voluntary. This information will be used for identification purposes to ensure that proper records are obtained

PERSONAL HISTORY STATEMENT

RELATIVES, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job relevant matters.

7. Please supply the appropriate information in the spaces below. If a category is not applicable, write "N/A"

Relationship	Name	Physical Address	Phone
Father			
Mother			
Father-in-law			
Mother-in-law			
Spouse			
Former Spouse			
Brother and Sisters			
Brother and Sisters			
Brother and Sisters			
Stepfather			
Stepmother			
Stepbrother/Stepsisters			
Stepbrother/Stepsisters			
Stepbrother/Stepsisters			

List all your children: Please indicate either *son* or *daughter*. Also indicate whether they are *natural*, *adopted*, or *stepchildren*.

Relationship	Name	Physical Address	Phone

8. List all personal or professional references (3-5 individuals) who have knowledge of you and your qualifications.

Relationship	Name	Physical Address	Phone

9. List individuals with whom you have resided within the past 10 years. List no information prior to your 15th birthday. **EXCLUDE FAMILY MEMBERS.**

Relationship	Name	Physical Address	Phone

RESIDENCE

10. List all your residences during the last 10 years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address, and telephone number. List no information prior to your 15th birthday.

Address of Residence	Dates	Reason for Leaving	Landlord information

EDUCATION

11. Please indicate your current status of high school diploma (or equivalent) and college degrees:

_____ I possess a high school diploma

_____ I passed the G.E.D. (General Educational Development) Test

_____ I possess the following college degrees:

12. List all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Location <small>(city, state)</small>	Dates Attended	Teacher/Reference

13. Have you ever been suspended or expelled from any high school or post-secondary school? (College, university, graduate school, business and/or vocational school, any formal training beyond high school) YES NO

If "YES", please explain and include school, dates, and circumstances.

EXPERIENCE AND EMPLOYMENT

Should you need to list additional experience/employment information, please copy this page.

14. Beginning with your most current employment, list all jobs you have in the past 10 years. For the purposes of the Personal History Statement, part-time, temporary, and voluntary work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings.

NAME OF EMPLOYER: _____

Address of Employer: _____

Telephone Number: _____

Dates of Employment: From: _____ To: _____

Was this a Full Time, Part-Time, Voluntary or Military Position? _____

Title: _____

Duties: _____

Name you were known by: _____

Name of Supervisor: _____

Name of Co-Workers 1. _____

2. _____

3. _____

Reason for Leaving _____

Unemployed from: From: _____ To: _____

NAME OF EMPLOYER: _____

Address of Employer: _____

Telephone Number: _____

Dates of Employment: From: _____ To: _____

Was this a Full Time, Part-Time, Voluntary or Military Position? _____

Title: _____

Duties: _____

Name you were known by: _____

Name of Supervisor: _____

Name of Co-Workers 1. _____

2. _____

3. _____

Reason for Leaving _____

Unemployed from: From: _____ To: _____

NAME OF EMPLOYER: _____
Address of Employer: _____
Telephone Number: _____
Dates of Employment: From: _____ To: _____
Was this a Full Time, Part-Time,
Voluntary or Military Position? _____
Title: _____
Duties: _____
Name you were known by: _____
Name of Supervisor: _____
Name of Co-Workers 1. _____
2. _____
3. _____
Reason for Leaving _____
Unemployed from: From: _____ To: _____

NAME OF EMPLOYER: _____
Address of Employer: _____
Telephone Number: _____
Dates of Employment: From: _____ To: _____
Was this a Full Time, Part-Time,
Voluntary or Military Position? _____
Title: _____
Duties: _____
Name you were known by: _____
Name of Supervisor: _____
Name of Co-Workers 1. _____
2. _____
3. _____
Reason for Leaving _____
Unemployed from: From: _____ To: _____

NAME OF EMPLOYER: _____

Address of Employer: _____

Telephone Number: _____

Dates of Employment: From: _____ To: _____

Was this a Full Time, Part-Time,
Voluntary or Military Position? _____

Title: _____

Duties: _____

Name you were known by: _____

Name of Supervisor: _____

Name of Co-Workers 1. _____

2. _____

3. _____

Reason for Leaving _____

Unemployed from: From: _____ To: _____

NAME OF EMPLOYER: _____

Address of Employer: _____

Telephone Number: _____

Dates of Employment: From: _____ To: _____

Was this a Full Time, Part-Time,
Voluntary or Military Position? _____

Title: _____

Duties: _____

Name you were known by: _____

Name of Supervisor: _____

Name of Co-Workers 1. _____

2. _____

3. _____

Reason for Leaving _____

Unemployed from: From: _____ To: _____

15. Would any problem result if your present employer was contacted during the course of the background investigation? YES NO

If "YES", when should such contact be made? _____

16. If you have had no prior employment, please explain here.

17. Have you ever been fired or asked to resign from any place of employment? YES NO

If "YES", give details to include when, name of employer, and why.

18. Have you ever applied, successfully or unsuccessfully, for another position with any fire service agency? YES NO

If "YES", please provide the year, agency, and the process which was completed and whether you were disqualified or hired.

MILITARY SERVICE

19. Have you ever served in the Armed Forces, National Guard, or Reserves? YES NO

If "YES", please supply the following information:

Branch of service: _____

Type of discharge: _____

20. Have you registered with the Selective Service? YES NO

If you answer is YES, when? _____

21. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves? YES NO

If "YES" please give details to include branch of service, when, where, and the circumstances.

22. Past commanding officers or other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Address	Telephone	Military Unit	Dates

FINANCIAL

The management of personal finances is relevant to an individual's qualifications for a supervisory position with a fire service agency. Therefore, please complete the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications, the behavior exhibited in meeting your financial obligations will be reviewed. A credit reporting agency will be contacted for a report of your credit history.

<p>Current Monthly Income</p> <p>Monthly Salary: _____</p> <p>Spouse's Salary: _____</p> <p>Other Monthly Income: _____</p> <p>Total Monthly Income: _____</p>	<p>Currently Monthly Expenditures</p> <p>Mortgage Payments _____</p> <p style="text-align: right;">Rent _____</p> <p style="text-align: right;">Other Payments _____</p> <p>Estimated monthly cost of living (i.e., food, gas utilities, home and car maintenance and other obligations) _____</p> <p>Total Monthly Expenditures: _____</p>
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<p>Current Assets</p> <p>Checking Acct Balance: _____</p> <p>Saving Acct Balance: _____</p> <p>Real Estate: (appraised or market value) _____</p> <p>Stocks and Bonds: _____</p> <p>Life Insurance (cash value): _____</p> <p>Automobile(s): _____</p> <p>Other assets (describe): _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Total Assets: _____</p>	<p>Current Liabilities</p> <p>Mortgage(s): _____</p> <p>Automobile loan(s): _____</p> <p>Charge Account(s) (total): _____</p> <p>Other liabilities: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Total Liabilities: _____</p>
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23. Please supply the following information regarding financial institutions with which you have accounts or loans.

Name of Institution (Bank, S&L, Loan Company)	Account Number	Type of Account (Checking, Savings, Loan)

24. Please supply the following information about your charge accounts, contracts, or other financial liabilities:

Name of Firm	Address	Account Number

25. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan?
 YES NO If "YES", please give details to include when, where and why.

26. Within the past seven (7) years, have any of your bills ever been turned over to a collection agency? YES NO
If "YES", please give details to include when, firms involved and circumstances.

27. Within the last seven years have you ever had purchased goods repossessed? YES NO
If "YES", please give details to include when, firms involved, and circumstances.

28. With the last seven (7) years have your wages ever been garnished? YES NO
If "YES", please give details to include when, where, and why.

29. Have you ever been delinquent on child support, income tax, or other tax payments?
 YES NO If "YES", please give details to include when, where, and why:

LEGAL

30. If you have been arrested, taken into physical custody, been issued a misdemeanor citation (exclude traffic citations) or convicted of any crime, please give the following information. The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.

DATE	AGENCY	CHARGE	DISPOSITION

31. As an adult, have you ever been placed on probation by any court? YES NO
If "YES", please give details to include when, where, and why.

32. Please list any other crimes, you have committed, REGARDLESS of whether stopped, arrested, and/or convicted, to include what, when, where, how, and why.

33. Are you now or have you ever been involved as a defendant in any civil court action?

YES NO

If "YES", please give details to include when, where, name of court, and circumstances.

MOTOR VEHICLE OPERATION

34. Operation of a motor vehicle is an integral part of the position for which you have applied. An investigation of your driving history will be made through a records check. Please supply the following information:

Driver's License Number

State

Name as printed on license

35. Please list other states where you have been licensed to operate a motor vehicle.

State	Name as printed on license

36. Have you ever been refused a driver's license by any state? YES NO

If "YES", please explain when, where, and why.

37. Has your driver's license ever been suspended, revoked, or placed on negligent operators, probation or restriction? YES NO

If "YES", please give details to include when, where, and under what circumstances.

38. Please list all traffic citations you have received as an adult (after reaching the age of 18).

EXCLUDE PARKING CITATIONS

Nature of Violation	Location (City & State)	Approximate Date	Disposition

39. Please list all motor vehicle accidents in which you have been involved as a driver within the past seven (7) years.

Date	Location (city, state)	Investigating agency	Injury or Non-injury

40. If there is anything you wish to discuss about your driving record which has not already been covered in the proceeding sections, please explain here.

41. Please list all vehicles registered to you and/or your spouse.

Year	Make	Model	License plate number	Vehicle identification number

42. Wyoming Law requires that operators and owners of motor vehicles be covered by automobile liability insurance, or to possess a certificate of self-insurance with the Department of Transportation. Therefore, please list the current liability insurance coverage that you have on your motor vehicles.

Company	Address	Policy Number	Expiration Date

43. Have you ever been refused auto insurance for any reason other than failure to pay a premium?
 YES NO If "YES", please explain, including the company name.

GENERAL INFORMATION

44. Are you now , or have you ever been a member of any foreign or domestic organization, association , movement, or group of persons that is, or was, totalitarian , fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States by unconstitutional means? YES NO

If "YES", identify the organization and explain fully.

45. Have you ever applied for a permit to carry a concealed firearm or weapon? YES NO

State and name of Law Enforcement Agency: _____

Purpose for permit: _____

46. Are you willing to work all hours of the day, all days of the week, holidays, and overtime when assigned? YES NO

47. Do you have anything in your background that may disqualify you from the position for which you are applying? YES NO If "YES", please explain.

DRUG USE QUESTIONNAIRE

48. Have you used, tried, experimented, or in any way introduced the following drugs into your body by any means? For purposes of this questionnaire marijuana is considered an illegal drug.

Drug Name	Yes	No	Date First Used	Date Last Used	Used Once
Marijuana					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					
Barbiturates, Hypnotics, or Downers					
Amphetamines					
Methamphetamines					
LSD or other hallucinogens					
PCP					
Heroin or other opiates					
Steroids					
Prescription Drugs not prescribed for you					

YES NO

Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold an illegal drug?		
Have you ever purchased any drug, narcotic, or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic, or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic, or controlled substance?		
Have you ever acted as a middleman, go-between, or done a favor for a friend by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or held any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

49. Explain any "YES" answer to the "Drug Use Questionnaire " in detail below, to include when, where and what kind of drug was taken and the circumstances.

ADDITIONAL INFORMATION

50. List organizations, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in the group).

51. What are your personal hobbies? (What do you like to do during the times that you are not at work?) Please include any special skills or qualifications that might be useful in the position for which you've applied.

52. List the magazines and newspapers to which you currently subscribe:

53. List any identifying marks, scars, tattoos, bums, or birthmarks:

54. Describe why you want this job and how you think it will benefit you:

Signature of Applicant

Date

LETTER OF UNDERSTANDING

I am applying for a position with the Sublette County Unified Fire. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation, which will consist of the following areas of concern, at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my personal credit and financial report

A hiring review board will evaluate the results of this investigation and make a preliminary recommendation as to my potential suitability for employment. I may, at this point, receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending upon the position being sought:

- Drug screening test
- Standard medical examination
- Psychological evaluation

The aforementioned tests will be administered in a manner selected by Sublette County Unified Fire. I understand the results of these tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion on of this process does not guarantee employment with Sublette County Unified Fire. I have read and understand the content and purpose of this LETTER OF UNDERSTANDING. I agree to abide by these requirements as a condition of employment with the Sublette County Unified Fire.

CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Sublette County Unified Fire in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any misstatement of material fact, willful omission of material fact, or willful deception will be cause for disqualification and rejection as a candidate for employment without appeal. I further understand that these aforementioned misstatements, omissions, or deception are also grounds for termination after employment without notice and without any right of appeal.

Signature of Applicant	Date
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Subscribed and Sworn before me on this _____ day of _____ 20_____

Notary Public in and for county of _____ State of _____

Notary Public's Signature	My Commission Expires: _____
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Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application:

- I am not subject to court order for the support of a child.
- I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney (or other public agency) enforcing the order for the repayment of the amount owed, pursuant to the order.
- I am subject to a court order for the support of one or more children and I AM NOT in compliance with the order of a plan approved by the District Attorney or other public agency, enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's social security number: _____

Signature of Applicant

Date

Subscribed and Sworn before me on this _____ day of _____ 20____

Notary Public in and for county of _____ State of _____

Notary Public's Signature

My Commission Expires: _____

WAIVER OF LIABILITY
INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE NOTICE.

This is a legally binding agreement. By signing this agreement, you give up your right to bring court action to recover compensation or obtain any other remedy for injuries to yourself or your property or for your death arising out of your participation in Sublette County Unified Fire physical testing process. This agreement applies now or anytime in the future.

Acknowledgement of risk: I, the undersigned user, hereby acknowledge and agree that running, swimming, biking, or any other activity associated with the Sublette County Unified Fire physical testing poses inherent risks. I have full knowledge of the nature and extent of all of the risks associated with my participation in Sublette County Unified Fire physical testing.

The undersigned user shall release, indemnify, defend, and forever hold harmless Sublette County, its officers, agents, employees, successors, and assignees from any and all claims, losses, damages, and liabilities arising out of any activity performed under this Agreement. This Agreement shall inure to and is binding upon user's heirs, executors, representatives and assigns.

Signature of Applicant

Date

PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to Sublette County Unified Fire for the position of Deputy Fire Chief, I recognize that an employing fire service agency has a moral obligation to take every reasonable effort to ensure that persons employed by them as Deputy Fire Chief conform to the very highest standards.

Therefore, I release and hold harmless Sublette County Unified Fire and their Chief, agents, or assigns, now and in the future, from any claim for damages in law or inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all information contained in this pre-employment investigation. Including but not limited to the identity of any person(s) and or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Signature of Applicant

Date

Subscribed and Sworn before me on this _____ day of _____ 20____

Notary Public in and for county of _____ State of _____

Notary Public's Signature

My Commission Expires: _____

Request for Transcript of Tax Return

- ▶ **Do not sign this form unless all applicable lines have been completed.**
- ▶ **Request may be rejected if the form is incomplete or illegible.**
- ▶ **For more information about Form 4506-T, visit www.irs.gov/form4506t.**

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / / |

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

▶ Signature (see instructions)	Date	
▶ Title (if line 1a above is a corporation, partnership, estate, or trust)		
▶ Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301	855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888	855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999	855-821-0094

Chart for all other transcripts

If you lived in or your business was in:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Washington, West Virginia, Wisconsin, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409	855-298-1145
Maine, Massachusetts, New Hampshire, New York, Pennsylvania, Vermont	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999	855-821-0094

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Tax Information Authorization

► Go to www.irs.gov/Form8821 for instructions and the latest information.
 ► Don't sign this form unless all applicable lines have been completed.
 ► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ►

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ►

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ►
- Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.
- b** If you don't want any copies of notices or communications sent to your appointee, check this box ►

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ►

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

► **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
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Print Name	Title (if applicable)
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APPLICATION

Full Name _____

Address _____

City/State/Zip _____

Home Phone _____

Social Security Number _____

Drivers License Number _____

State Driver's License Issued _____

Date of Birth _____

Position Being Considered For _____

PLEASE READ CAREFULLY

I hereby authorize you to make any investigation of my personal history, employment history, financial records, criminal history, driving records and credit records through any investigative, credit agencies or bureaus of your choice. I acknowledge that I have been given and read a stand alone, Consumer Disclosure that a consumer report or investigative consumer report may be requested and used for purpose of evaluating me for employment, promotion, reassignment or retention as an employee. I understand that I have the right to request additional disclosures of the "nature and scope" of the investigation, as well as the FCRA Summary of Rights.

(Applicant Signature)

(Date of Signature)

Client Name: _____

Send Results via Email or Fax: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>

DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT

The Employer (“Company”) may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, supervisors, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, credit, and other experiences. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable period of time after receipt of this notice, to request whether a consumer report has been conducted about you, disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment and/or education history. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law, unless you otherwise revoke your consent by providing written notification to Company. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The consumer and/or investigative consumer report(s) will be obtained from:

AAA CREDIT SCREENING SERVICES
17041 EL CAMINO REAL SUITE 102
HOUSTON , TX 77058
281-282-0447 (PHONE) 281-286-7128 (FAX)
WWW.AAACREDIT.NET

California, Minnesota, and Oklahoma applicants or employees only:

Please check the appropriate box below if you would like to receive a copy of your investigative consumer report or consumer credit report at no charge.

New York and Maine applicants or employees only:

You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only:

Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Oregon applicants or employees only:

Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only:

You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Please check the appropriate box to indicate if you would like to receive a copy of your consumer report. (CA, MN, and OK only)

YES, I WOULD LIKE A FREE COPY OF MY REPORT

NO, I WAIVE MY RIGHT TO A FREE COPY OF MY REPORT

Signature: _____ Date: _____

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by

AAA CREDIT SCREENING SERVICES 17041 EL CAMINO REAL SUITE 102 HOUSTON, TX 77058
888-282-0447 WWW.AAACREDIT.NET,

another outside organization acting on behalf of the Company, and/or the Company itself.

I understand that by signing my name I am directing the background check as described above, and I certify that:

I have received the Disclosure Regarding Consumer and/or Investigative Report, have read and received the Summary of Your Rights, and if a California resident/applicant, the A Summary of Your Rights Under the Provisions of California Civil Code §1786.22.

I agree that a facsimile (“fax”), electronic or printout of this authorization may be accepted with the same authority as the original.

California applicants or employees only: By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVIL CODE §1786.22.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Signature: _____

Full Name (please print): _____

Date: _____