



Employer’s Authorization

I authorize ISGU to request and receive consumer reports concerning the previously named individual and to provide these reports to us.

I understand that these reports are subject to the FCRA, and agree that should these consumer reports have a possible adverse effect on the employment of this individual, that he/she will be provided with a copy of their Summary of Rights under the Fair Credit Reporting Act. The report and my Summary of Rights will be provided prior to taking any adverse action against the individual. If adverse action is taken, the individual will be provided a notice of the adverse action; the name, address, and telephone number of the consumer reporting agency that furnished the report to your along with a statement that the consumer reporting agency did not make the decision to take the adverse action and is unable to provide the individual with the specific reasons why the adverse action was taken; and provide a notice of the consumer’s right to obtain a free copy of the consumer report from the consumer reporting agency and to dispute the accuracy or completeness of the information in the report.

The company also understands that the accuracy of information submitted by the Requester will directly determine the accuracy of search results. ISGU cannot be held liable for inaccuracies contained in public record information, databases accessed, or requests submitted by the Requester. While the information furnished is from reliable sources, its accuracy is not guaranteed. All information should be verified as to accuracy, timeliness and legal applications prior to preparation of report(s) or usage of information. Use of available data may be subject to the FCRA and other applicable laws. The client assumes full responsibility for the release of any information obtained with these reports. The company also agrees that by accepting this consumer report and using this report in any method, that it has received the disclaimer sheet which accompanies the report and has:

1. Not misrepresented its requirements for this report,
2. Has all required waivers for this report
3. No intentions to resell this information

Company Name _____

Authorized agent’s signature _____

Printed name of authorized agent _____

Date signed _____

REQUEST FOR BACKGROUND VERIFICATION

To ISGU: Please provide background verifications as requested on the below individual:

SUBJECT'S NAME: _____
Last First Middle

Current Address:

(If current address is less than 5 years):

Date of Birth: / /

Social Security Number:

Verifications Requested: (check verifications desired)

- | | | |
|--|---|---|
| <input type="checkbox"/> Criminal History | <input type="checkbox"/> MVR (Driving Record) | <input type="checkbox"/> Credit History |
| <input type="checkbox"/> Federal Records | <input type="checkbox"/> Social Security # Verification | <input type="checkbox"/> Employment Ver |
| <input type="checkbox"/> Criminal(Federal) | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Custom Report |

COMPANY/CLIENT:

EMPLOYER

SIGNATURE:

COMMENTS:

Identification Information – This information to be used for identity verification purposes only

FIRST NAME: _____

Middle Name: _____

Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Other Names Used: _____

Social Security Number: _____

Date of Birth: _____

Drivers License Number and State Issued: _____

Please list each city/county and state in which you have lived or worked during the last seven years.
Use a second form if necessary to provide full disclosure.

City: _____ or County: _____ State: _____

City: _____ or County: _____ State: _____

City: _____ or County: _____ State: _____

City: _____ or County: _____ State: _____

City: _____ or County: _____ State: _____

City: _____ or County: _____ State: _____

Comments:

TO BE COMPLETED BY HUMAN RESOURCES – PLEASE DO NOT WRITE BELOW THIS
LINE

Requester Name: _____ Client Office: _____

Fax to ISGU at (972) 272-1904/Voice (972) 485 4748

CONSENT FOR UTILIZATION OF CONSUMER REPORTS FOR EMPLOYMENT

The purpose of this form is notifying you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. This may include procurement of an investigative consumer report, (defined as a report that includes information as to your character, general reputation, personal characteristics or mode of living.

Consumer Reports include any and all information that ISGU provides to the employer concerning you.

I, _____, hereby authorize ISGU and _____ (potential employer), with my signature below to access one or more of my consumer reports for employment purposes. Additionally, I authorize ISGU, and my potential employer to obtain consumer reports pertinent to my employment. This release shall remain in effect for the length of my employment. I understand that I have the right to obtain a free copy of this consumer report if: (1) Any adverse action/decision is made based on the information in the consumer report, & (2) if the request is made in writing within 60 days of the adverse action. If an Investigative Consumer Report is conducted, I will be notified in writing within 3 days from request of said report.

I, _____, understand that should my consumer report have a possible adverse effect on my employment that I will be provided with a copy of my Summary of Rights under the Fair Credit Reporting Act. The report and my Summary of Rights will be provided prior to taking any adverse action against you. If adverse action is taken, you will be provided:

- A. Notice of the adverse action;
- B. The name, address, and telephone number of the consumer reporting agency that furnished the report to your employer along with a statement that the consumer reporting agency did not make the decision to take the adverse action and is unable to provide you with the specific reasons why the adverse action was taken;
- C. Notice of the consumer’s right to obtain a free copy of the consumer report from the consumer-reporting agency and to dispute the accuracy or completeness of the information in the report.
- D. I understand that I have the right to dispute directly with the CRA the accuracy and completeness of any information provided by the CRA.

By signing below, you grant permission to _____ or any of its affiliated or subsequent companies to obtain such a report or reports at any time. You also grant permission to all parties to release information regarding your previous or current military service, employment, education, driving history or criminal matters to ISGU, including information, which may be deemed negative.

Signature _____

Date: _____ SSN _____

Printed Name _____

Witnessed by _____