

Consent to Obtain Consumer Reports for Employment Purposes

In connection with, and for the duration of my employment (including contract for services) with you, I understand that you may obtain consumer reports for employment purposes that relate to my criminal and driving history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4th floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies.

AISS will treat this information in strict confidence and not utilize or sell any information except for the stated purpose to perform background checks for employment at FHR Facilities.

I authorize, without reservation, any party, institution, or agency contacted by AISS or this employer to furnish the above mentioned information:

_____	_____	_____
Applicant Name	Date of Birth	Social Security Number
_____	_____	
Alias/Previous Name(s)	Email Address:	
_____	_____	_____
Current Address	City & State	Zip Code
_____	_____	_____
Driver's License #	State	Prospective Employer

California, Minnesota & Oklahoma Applicant Only: Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy directly from AISS. California applicants may receive a copy from either the prospective employer or AISS.

Notice to California Applicants

Under section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your reports via telephone.

Under section 1786.16(a)(2)(B)(vi) of California Civil Code and Section 1024.5 of California Labor Code, you are notified that a credit report may be ordered if you are applying for a position involving access to confidential or proprietary information.

Notice to New York Applicants

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A or the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

APPLICANT SIGNATURE _____ DATE _____

**Authorization for the Social Security Administration (SSA)
To Release Social Security Number (SSN) Verification**

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:
Background check for employment

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service Banking Service
 Background Check License Requirement
 Credit Check Other

with the following company ("the Company"):

Company Name: Sterling Infosystems, Inc (dba Sterling Talent Solutions)

Company Address: P.O. Box 1048, Bothell, WA 98041

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Computer Information Development LLC 713 W. Duarte Rd #106, Arcadia, CA 91007

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 90 days from the date signed. _____ (Please initial.)

Signature:

Date Signed:

Relationship (if not the individual to whom the SSN was issued):

Contact information of individual signing authorization:

Address:

City/State/Zip:

Phone Number:

Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at www.socialsecurity.gov/foia/bluebook.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit HYPERLINK <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>