

**BACKGROUND CHECK AUTHORIZATION, RELEASE,
AND FEE AUTHORIZATION FORM**

A background check is required for each new Employee applicant:

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by my company policy and consistent with the job described, you may be requesting information from public and private sources about my worker's compensation injuries and claims, driving record, court record, education, references and credit. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
2. Medical and worker's compensation information will only be requested in compliance with the Federal American's with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information.
3. I acknowledge that a fax or photocopy shall be as valid as the original. This release is valid for most federal, state and county agencies, including the Minnesota Department of Labor.
4. Minnesota, Oklahoma, and California applicants only: If you want a copy of the report(s) ordered, please check here . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by ADP Screening and Selection Services, 301 Remington Street, Fort Collins, CO 80524.
5. I hereby authorize, without reservation, Aecidia, Inc. d/b/a Vivienda Propia Mortgage and its agent(s) to contact any law enforcement agency, institution, information service bureau, school, employer, reference or Insurance Company for the purpose of obtaining the information described herein.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information on reports about me from any and all liability arising out of the requests for release of any of the above mentioned information or reports.

In addition, by signing this document, I authorize the automatic deduction of \$50.00 from my first profit check for a background check fee:

Print (Last, First, Middle)

Print Prior Name(s) (Last, First, Middle)

Street Address/City/State/Zip

Date of Birth

Social Security Number

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: Male Female Race: Asian Black Hispanic White Other

Drivers License Number _____

State Issuing License _____ Name as it appears on license _____

Signature

Date