AUTHORIZATION FOR BACKGROUND CHECKS

I instruct and authorize the City of Battle Ground (the "City"), including its designated representatives, to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports.* I also agree that a copy of this form is valid like the signed original.

I acknowledge that: (a) I have received the Consumer Report Disclosure and any additional disclosures and notices required by law; (b) each document is clear, conspicuous, and separate from any other document(s); (c) I have read and understood them; and (d) the City may rely on them to obtain one or more consumer reports and/or investigative consumer reports on me.

The consumer reporting agency ("CRA") ADP Screening and Selection Services, Inc. ("ADP SASS") will prepare the consumer report for the City. ADP SASS is located at 2950 East Harmony Road, Suite 130, Fort Collins, CO, 80528, and can be reached by phone at 800-367-5933, or at www.adpselect.com.

I understand that, where allowed by applicable law, the City may rely on this authorization to order additional consumer reports, including investigative consumer reports and any consumer credit reports* during my employment, without asking me for my authorization again. Where allowed by law, I authorize the City to procure any such subsequent reports. I understand the City may order consumer report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker's compensation injuries; and verification of prior employment and education.

***I understand that I am instructing and authorizing the City to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.**

By signing below, I understand that I am agreeing to the terms contained in this document.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report: ☐

Please print your full legal name:

First Name _____ Last Name_____ Middle Name_____

_____ _____/_____/_____

Signature Today's Date (Month/Day/Year)

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

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Consumer Reporting Agency (CRA) in completing a consumer report/background check on you.

_____ _____ _____ _____

First Name Middle Name *(required)* Last Name Suffix

Email Address: _____

For Identification Purposes Only: Date of Birth ____/____/_____ (Month/Day/Year)

Social Security Number _____ Gender _____ Race _____

Driver's License Number _____ State Issuing License_____

Enter Nickname(s) Used_____

Enter Any Other Names Used (including maiden names):

First Name _____Middle Name _____Last Name_____

First Name _____Middle Name _____Last Name_____

Addresses Within The Past Seven Years (*use a separate sheet as needed*)

Current Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From _____/_____/_____ (Month/Day/Year) To _____/_____/_____ (Month/Day/Year)