



Disclosure and written authorization For a background report

I understand that TopLine Staffing may obtain consumer credit reports / or consumer reports and/or investigative reports about me from a consumer reporting agency. The information contained in the report(s) may be used in whole or in part for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

I understand the consumer reporting agency may conduct an investigation which may include the following types of information: credit information, information regarding my character, general reputation, personal characteristics, mode of living, judgments, lien, convictions, past employment problems, education verification and history, job verification and history, driving records, personal interviews with other individuals, civil records, wants and warrants, verification of references and Social Security traces.

I understand that such information may be obtained by direct or indirect contact from former employers, schools, financial institutions, landlords, and public agencies and through personal interviews with my neighbors, friends, and associates, acquaintances, or other persons who may have such knowledge and I authorize these persons/entities to provide such information and records pertaining to me to the consumer reporting agency making these inquiries pursuant to this Authorization.

I acknowledge that I have been provided a description in writing of my rights under the federal Fair Credit Reporting Act. I understand that before any adverse action is taken based on information in any report received by TopLine Staffing, LLC that I will be provided a copy of the report.

My signature below signifies that 1) I have reviewed this document carefully; 2) I understand its contents; 3) I authorize TopLine Staffing, LLC to obtain the report(s) and information identified in this document from a consumer reporting agency; 4) I understand that this consent is valid for the duration of my employment with TopLine Staffing, LLC and 5) a copy of this authorization is as valid as the original.

Applicant/Employee Name _____
(Please Print) First, Middle, Last

Other Names Used _____

Applicant/Employee Address _____
(Number, Full Name of Street)

City _____ State _____ Zip _____

Telephone _____ Social Security Number _____

Date of Birth (for identification only) _____ / _____ / _____
Mo Day Year

If checked, please provide: Driver's License Number _____ State _____

Applicant/Employee Signature _____ Date _____ / _____ / _____