

**DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT**

The Employer, Counseling & Recovery Services of Oklahoma (Company) may obtain information about you for employment, volunteering or internship purposes from a third-party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or "investigative consumer report" which may include information about your character and general reputation. These reports may also contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, credit, and other experiences. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable period of time after receipt of this notice, to request whether a consumer report has been conducted about you, discloser of the nature and scope of any investigative consumer report, and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment and/or education history.

The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law, unless you otherwise revoke your consent by providing written notification to Company. As a result, you should carefully consider whether to exercise your right to request discloser of the nature and scope of any investigative consumer report.

The consumer and/or investigative consumer report(s) will be obtained from: **PEOPLE FACT Trak-1**, [consumerquestions@trak-1.com](mailto:consumerquestions@trak-1.com).

**ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I acknowledge receipt of the DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT and A SUMMARY OF YOUR RIGHTS.

**UNDER THE FAIR CREDIT REPORTING ACT** and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information services bureau, employer, or insurance company to furnish all background information requested by **PEOPLE FACTS Trak-1**, another outside organization acting on behalf of the Company, and/or the Company itself.

I understand by signing my name below, that I am signing the Authorization form directing the background check as described above, and I certify that:

I have received the Disclosure Regarding Consumer and/or Investigative Report, have read and received the Summary of Your Rights.

I understand that my signature now and throughout this process will be binding. Additionally, notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile (#fax#), electronic or printout of this authorization may be accepted with the same authority as the original.

Oklahoma employees and applicants: Please check the appropriate box to receive a copy of your consumer report free of charge.

yes

no

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**APPLICANT VOLUNTEER/INTERN/EMPLOYEE BACKGROUND CHECK INFORMATION**

Print Legal Name \_\_\_\_\_

**FIRST**

**MIDDLE**

**LAST**

All Other Names Known by (Nicknames or aliases) \_\_\_\_\_

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Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Race \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Current Physical Address \_\_\_\_\_

Address, City, State, Zip

Email address \_\_\_\_\_

If current address is less than 7 years include other addresses where you have lived below:

Address, City, Country, State & Zip \_\_\_\_\_

Address, City, Country, State & Zip \_\_\_\_\_

Address, City, Country, State & Zip \_\_\_\_\_

I acknowledge that I have had the opportunity to read, ask questions and understand the information as noted within this document.

Applicant/Intern Signature \_\_\_\_\_

Date \_\_\_\_\_