



Background Check Authorization Form

Applicant Agreement and Release

I, the undersigned applicant, do hereby certify that all information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that falsification of any information on company documents may lead to denial of employment or termination.

In connection with my application for employment, I understand that consumer reports or investigative consumer reports that may contain public record information may be requested or made on me including, but not limited to, consumer credit, criminal records, a review of any local, county, state, and federal government agency records, court public records, education verification, motor vehicle records, prior employment verification, personal or professional references, workers' compensation claims, and others. These reports can include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of employment from previous employers. I also acknowledge that the company may conduct a search for information about me that is in the public domain including, but not limited to, information on social networking sites. Further, I understand that you will be requesting information from various federal, state, local, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences.

The employer obtaining these consumer reports or investigative consumer reports can provide you with information about the source of the reports (current vendor) upon request. Additionally, along with this form you are receiving a document entitled, "**A Summary of Your Rights Under the Fair Credit Reporting Act**," which provides additional information about your rights as they pertain to consumer reports. If you have not received this summary, please notify the individual who provided you with this form now so that you may receive it. You have the right to inspect the files that the consumer reporting agency may have on you during normal business hours and upon furnishing proper identification. You have the right to make a request of the consumer reporting agency, upon furnishing proper identification and the payment of any authorized fees, for the information in its files on you at the time of your request. Before any adverse employment action is taken based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report.

I authorize, without reservation, any party or agency contacted by Guardian Pest Solutions, Inc. to furnish the above-mentioned information prior to or at any time during my employment. I also authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish the company named above with any and all background information in their possession regarding me so that my employment qualifications may be evaluated. I hereby release all of the persons and agencies providing such information from any and all claims, damages, or liabilities connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Guardian Pest Solutions, Inc. to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieval and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information contained in a consumer credit report. I understand that to aid in the proper identification of my file or records, completion of this form is necessary. **Note: The information on this form will be used solely for the purpose of conducting background checks to determine employment eligibility and will be maintained in a confidential file, separate from the general personnel file.**

Applicant Information and Signature

Print Your Full Name _____ Date of Birth _____
First Name Full Middle Name Last Name

Current Address _____

Soc. Sec. No. _____ Gender M F Race _____

Drivers' License No. _____ State _____

Professional License Type(s), State(s) of Issue, Number(s), and Expiration Date(s):

Prof. License #1 _____
License type state of issue number expiration date

Prof. License #2 _____
License type state of issue number expiration date

BACK SIDE OF THIS FORM MUST BE COMPLETED

Applicant Request/Waiver For Records

For California, Minnesota, or Oklahoma Applicants Only: If you would like to receive a copy of the consumer report as prepared by our consumer reporting agency; if one is obtained, please check this box and we will send a copy to you within any required time frame:

I would like a copy I would not like a copy

For California Applicants Only: If public record information about your character, general reputation, personal characteristics, and mode of living is obtained *without using a consumer reporting agency*, you will be supplied a copy of the public record information within seven (7) days of the employer's request unless you check this box where you hereby waive your right to obtain a copy of the report:

I waive my right to a copy of the report

For California Applicants Only: The name, address, and telephone number of the investigative consumer reporting agency conducting this screening is: _____

Applicant Data for Background Checking Purposes

1. What position are you applying for? _____

2. Have you lived in any state(s) or countries other than the one you currently reside in? Yes No

3. If yes, please list the state or country and the dates you resided in each:

State/Country _____ From _____ to _____

Former Address _____ State _____ Zip _____

State/Country _____ From _____ to _____

Former Address _____ State _____ Zip _____

State/Country _____ From _____ to _____

Former Address _____ State _____ Zip _____

State/Country _____ From _____ to _____

Former Address _____ State _____ Zip _____

State/Country _____ From _____ to _____

Former Address _____ State _____ Zip _____

4. Do you have a valid driver's license issued in any state(s) other than the state you currently reside in? Yes No

5. If yes, list state(s) and driver's license number(s):

State _____ Driver's License No. _____

State _____ Driver's License No. _____

6. Are you known by any other name? Yes No (Include maiden name, if applicable)

7. If yes, please print name(s): _____

8. Have you ever been issued or have you ever used another Social Security number? Yes No

9. If yes, list number(s): _____

The information provided on this form (front and back sides) is complete, true, and correct. I consent and agree to all provisions above and to the release of liabilities as described in this document

Applicant's Signature _____ Date _____