

AUTHORIZATION TO OBTAIN A CONSUMER CREDIT REPORT

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Feeney Brothers Excavation LLC, its agent, Accurate Background Check, Inc. ("ABC") and ABC's designated agents and representatives to conduct a comprehensive review of my background through a consumer report and /or an investigation for employment, promotion, reassignment or retention as an employee. I acknowledge that separately, it has been disclosed to me that such inquiry into my background may be performed for employment purposes. I understand the scope of the consumer report/investigative report and may include, but is not limited to the following areas:

Verification of Social Security Number, current and previous residences, employment history including all personnel files, education, references, credit history and reports, criminal history records from any Criminal Justice Agency in any or all federal, state, county jurisdictions, birth records, worker's compensation, motor vehicle records to include traffic citations and registration and any other public records.

I _____, authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

Name _____
 First Full Middle Name Last (Maiden)

Print All Former Names Used (1) _____ (2) _____

Social Security Number: _____ - _____ - _____ Sex _____ Race _____

Date of Birth: ____/____/____ Phone Number _____

Current Street Address: _____ City: _____ State: _____ Zip: _____

Driver's License Number: _____ State of Issuance: _____

Email Address: _____

May We Contact Your **Current** Employer(s): _____ May We Contact Your **Current** Supervisor(s) _____

Comments:

Print Residences in the previous 7 years to include City & State:

(1) City: _____ State: _____ From: _____ To: _____

(2) City: _____ State: _____ From: _____ To: _____

(3) City: _____ State: _____ From: _____ To: _____

1. Have you ever been convicted of any crime or offense: Yes _____ No _____

2. Have you ever been involved in a Civil Action as the Plaintiff or Defendant: Yes _____ No _____

If you answered Yes to Numbers 1 or 2, provide the Case Numbers, Date of Action, City & State, Disposition and Current Status below:

Please explain. If more space is needed please use the back of this form to continue Explanation:

By signing below, you are certifying that the above information is true and correct:

Signature: _____ Date: ____/____/____

**DISCLOSURE FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing

DISCLOSURE

In considering you for employment, promotion, reassignment or retention as an employee Feeney Brothers Excavation LLC may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Accurate Background Check, Inc. and its contracted suppliers.

Print Name

Signature

Date

This Authorization is the exclusive property of Accurate Background Check, Inc. Revised 4/2016

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**RELEASE OF ALL CLAIMS IN OBTAINING OF
CONSUMER CREDIT REPORT**

I hereby release Feeney Brothers Excavation LLC , and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all claims and/or all liabilities for damages, which may at any time result to me, my heirs/family, or assigns, or associates, due to complying with the Authorization to obtain a consumer credit report. You may contact me as indicated below; I understand that I may request a copy of this authorization at any time provided I do so in writing.

Please Print Clearly

Name _____
 First Full Middle Name Last (Maiden)

Signature: _____ Date: ____/____/____

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