

CONTRACTOR NOTIFICATION AND ACKNOWLEDGMENT

The purpose of this release is to allow the City of McGregor and Professional Screening & Information, Inc. (PSI), or their assigns, to obtain pre-contract information as part of my application for contractor/solicitor, which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws. I also consent to the company obtaining such information if I am contracted by the company for any purpose. In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

I also agree that this Notification and Acknowledgement in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

A copy of PSI's Privacy Policy can be found at <http://www.psibackgroundcheck.com/privacy-policy.shtml>.

CA, MN and OK residents only: Check here if you would like to receive a copy of your report

I certify that the information contained below is complete and true. I have read this Notification and Acknowledgment, understand its terms, realize its significance, consent to a background investigation as part of the application process and if contracted, during my contract as well, and sign this form voluntarily.

Applicant Signature: _____ **Date:** _____

THE INFORMATION BELOW BEING REQUESTED IS FOR BACKGROUND INVESTIGATION PURPOSES ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

PLEASE PRINT	
Full Legal Name (As shown on SSN/ID Card): _____	
First Name: _____	Middle Name: _____ Last Name: _____
Maiden Name (First, Middle, Last): _____ Dates Used (from-to): _____	
Email Address: _____	
Social Security Number: _____ - _____ - _____ Date of Birth (Month-Day-Year): _____ - _____ - _____	
Driver's License #: _____ State: _____ Cell #: (_____) _____ Home #: (_____) _____	
Company Name: _____ *(Optional): Race: _____ Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	

<u>Current address</u>	<u>Month/Year</u>
• Street: _____	From: _____
City, State (County), Zip Code: _____	To: _____
<u>Chronologically list all places of residence for the past seven years</u>	
• Street: _____	From: _____
City, State (County), Zip Code: _____	To: _____
• Street: _____	From: _____
City, State (County), Zip Code: _____	To: _____
• Street: _____	From: _____
City, State (County), Zip Code: _____	To: _____

Client: <u>City of McGregor, TX</u>	Location: <u>Office- Solicitor</u>
Note:	
✓ For all Motor Vehicle Reports, please include a copy of your driver's license.	
Please fax or email completed form to 706.235.6452 or staff@psibackgroundcheck.com	

FCRA Disclosure and Authorization

- Under the FCRA (Fair Credit Reporting Act), before the Company can obtain a consumer report or investigative consumer report about you for contract purposes, we must have your written authorization.
- I am aware I have the right to make a written request to Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162; call them collect at 1-877-235-7574, or contact them via the internet at www.psibackgroundcheck.com to obtain a free copy of my background investigation, within a reasonable period of time, **if a contract decision has been influenced by information contained in a background investigation report.**
- In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act.
- California, Oklahoma, and Minnesota residents are entitled to a free copy of their consumer report upon request and will be provided with a separate Notification and Acknowledgement form to complete.

By signing below I certify that I have carefully read and understand this Disclosure and Authorization.

Applicant Signature: _____

Date: _____