

***DISCLAIMER: This Notice – Background Investigation document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the corresponding state notices to ensure your compliance with the applicable state laws related to background screening and consumer notices and disclosures.***

**NOTICE – BACKGROUND INVESTIGATION**

In connection with your employment with Building All Children (the “Company”), notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. These reports may contain information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. They may involve personal interviews with sources such as your neighbors, friends or associates. The reports may also contain information about you relating to your criminal history, credit history, driving and/or motor vehicle records, education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report prepared by contacting the Company and Shield Screening 6810 East 121<sup>st</sup> St South, Bixby, OK 74008; Phone: 1-800-260-3738. For information about Shield Screening’s privacy practices, see [www.shieldscreening.com](http://www.shieldscreening.com). The scope of this notice and below authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

By signing below 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 the course of my employment, if applicable.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Last Four Digits of SSN: \_\_\_\_\_

## QUESTIONNAIRE REGARDING YOUR CONSUMER REPORT

In order to be able to obtain the most accurate information, this questionnaire helps our Agency to better identify information that does or does not relate to you. This document will not become part of your personnel file, if hired.

**Please Print All Information:**

Full Name: \_\_\_\_\_  
                    First                                    Middle                                    Last    Suffix

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_Male\_\_\_Female Race: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue:  
\_\_\_\_\_

Address: \_\_\_\_\_

Addresses in last seven (7) years: (if you need more let us know):

\_\_\_\_\_  
\_\_\_\_\_

Military Service: Yes\_\_\_/ No\_\_\_. If yes, date(s) of active duty: \_\_\_\_\_

\_\_\_\_\_

Employment, if requested, in the last seven (7) years. List company name, location, phone number and contact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above is true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date