



**BACKGROUND CHECK AUTHORIZATION**

**FCRA NOTICE AND ACKNOWLEDGMENT**

IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT  
NEW ADDITIONS HAVE BEEN MADE JANUARY 2014 IN ORDER TO COMPLY WITH  
THE FCRA *ARTICLE 613*.

**NOTICE REGARDING BACKGROUND INVESTIGATION**

**SAMBICA**

("Company Name") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on your character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are selected, throughout your affiliation with the Company. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The report will be generated by **campbackgroundchecks.com** (1200 South Outer Road, Blue Springs, MO 64015/816-228-5255) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are selected, throughout your affiliation with the Company to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. In compliance with the **FCRA Article 613**, an email address *and* mailing address is required by each applicant in order for **campbackgroundchecks.com** to be able to send a consumer copy of any criminal records returned.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION** (above) and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT** (separate document) 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" at any time after receipt of this authorization and, if I am selected, throughout my affiliation with the Company. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **campbackgroundchecks.com**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. [ ]

**Applicants of New York Employers only:** I acknowledge that by signing below, I have also received a copy of Article 23-A of the New York Correction Law, in compliance with Article 25 Section 380-g of the New York General Business Law.

**California applicants only:** By signing below, you also acknowledge receipt of the **NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW**. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. [ ]

<b>Full Name</b>	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
<b>Maiden Name, Previous Names, or Aliases Used:</b>	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>Driver's License/ID State:</b>	<b>Driver's License/ID Number:</b>

**Please provide ALL residential addresses for the past seven (7) years.**

Current Address (Required):	From
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To
Previous Address:	From/To <input type="checkbox"/>

<b>Contact Telephone Number:</b>	<b>E-Mail (Required)</b> <i>Only used for providing a consumer copy of any criminal records returned</i>
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<b>SIGNATURE:</b>	<b>DATE:</b>
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