



# Identification Information

## Disclosure & Criminal History Disclosure (Form 2 of 2)

Thank you for your application with our Company: \_\_\_\_\_ . In accordance with your written instructions authorizing us to conduct a Background Check, and/or obtain a CONSUMER REPORT or INVESTIGATIVE CONSUMER REPORT, the following information is required: *Please complete each section thoroughly and legibly: (Use additional paper, or reverse side if necessary)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Jr. or Sr.? \_\_\_\_\_

Driver's License # or State ID#: \_\_\_\_\_ Issuing State: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Have you had a Driver's License in another state within the past 3 years? \_\_\_ Yes \_\_\_ No Where? \_\_\_\_\_ # \_\_\_\_\_

Have you EVER been known by another name, surname, maiden name, alias, "aka" or, nickname ? \_\_\_ Yes \_\_\_ No If yes, what name(s) and when:

1. \_\_\_\_\_ When? \_\_\_\_\_ 2. \_\_\_\_\_ When? \_\_\_\_\_

Present Address, and Seven Years Prior Addresses, in Descending Order: (City/State) (Zip Code) (How Long)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

In order to fully assess your potential for employment or association with our company, we must have thorough understanding of any Felonies or Misdemeanors for which you may have been convicted. You could be disqualified from eligibility and/or rejected from continued employment or association if it is determined that the number, nature and timeliness of the conviction(s) would cause you to be unsuitable for the position(s). Additionally, we reserve the right to deny candidacy for omitted information, which means that if we find out about something you were asked to disclose, either in: Form 1, (Notice to Consumer); this Criminal History Disclosure, or in the Identification Information Section, above, the process slows, and you could no longer be eligible for candidacy.

You are **NOT** required to answer YES or provide information concerning: (1) Any arrest, UNLESS you are out on bail, awaiting trial, or the subject of any outstanding warrant(s); (2) Any conviction over 7 years old, unless the conviction(s) resulted in Court imposed punishment which has or has not been COMPLETED within the past 7 years (3) Any conviction for which the record has been judicially ordered sealed, expunged, erased, statutorily eradicated, or judicially dismissed. If you live in California, you MUST tell us if you have been convicted of California Health and Safety Code sections: 11357; 11360; 11364; 11365; or 11550, ("the Marijuana statutes") within the past 2 years. NOTE: If a conviction has been expunged or erased or dismissed, you may be asked to provide proof in order for us to consider your application further, in the event we discover something that you failed to properly disclose on this, or any other related form. *Please answer each question completely, and write any details legibly:*

Have you been convicted of a felony or misdemeanor **ANYWHERE** other than a minor traffic violation, or have you completed any Court imposed punishment for any previous convictions within the past 7 years? YES / NO (Circle One)\*

Are you out on bail, awaiting trial and/or are there any outstanding warrants pending against you? YES / NO (Circle One)\*

Details: \_\_\_\_\_

\*If you answered YES to any of the above questions, provide location(s), date(s), charge(s), disposition(s), sentence(s), term(s) of confinement and/or probation, on a separate sheet of paper in order to be considered further. **Remember, the existence of a criminal record does not necessarily eliminate your candidacy, but an undisclosed, legally requested matter discovered at any time after the date you signed this form could eliminate candidacy, association or employment.** AP-BIF 2/Rev.8/03

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



# **NOTICE TO CONSUMER (Form 1 of 2)**

**(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY)**

Thank you for seeking employment with our company: \_\_\_\_\_

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in evaluating employment or association candidacy; retention, and/or promotion. Inquiries may be made in considering your application, and the ensuing report MAY contain public/semi-public or private information, identification information, including date of birth and social security number, financial (credit) information, driver's history, medical history, character, mode of living personal characteristics, work habits, job performance, life and work experience(s), as well as reasons for termination(s) from prior employment or other information deemed necessary during the course of compiling information about you, and which could adversely affect your potential for employment or other association with our company. The report will only be obtained, according to your written instruction(s), below.

**Please be advised that the information requested on this form (Form 1) and on the associated "Identification Information Disclosure and Criminal History Disclosure" form (Form 2) is for the sole purpose of conducting a background check. Identifying information provided by you, such as date of birth, social security number, marital status, criminal history, and prior addresses, etc. will ONLY be used for the purpose of conducting a background check, in the form of obtaining a Consumer Report, or an Investigative Consumer Report, and/or for verifying information provided by you, and/or for identifying you in the public record. The report is compiled in accordance with The Fair Credit Reporting Act (Public Law 91-508, Title VI), [as amended] as well as other applicable State and Federal laws and the information will be maintained in strict confidence as prescribed under the Gramm-Leach-Bliley Act. The FCRA, and G-L-B are available for review at www.ftc.gov.**

California applicants, will be provided a copy of the report if a Third Party Consumer Reporting Agency is utilized. If we don't use an Agency, you will be provided copies of any public records we obtain that could affect your employment or association. Applicants in other states may request copies of the final report in accordance with applicable Federal and State Laws, by checking the appropriate line below.

***Please check one:     I do     I do NOT want a copy of the report.***

Additionally, you have the right to make a direct request to obtain copies of any reports, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report, which may have been provided by one, or more of the following Consumer Reporting Agencies:

- |   |  |
|---|--|
| 1.    EXPERIAN (www.experian.com)<br>701 Experian Pkwy.<br>Dallas, TX 75013; or call:<br>1-888-397-3742   | 3.    EQUIFAX (www.equifax.com)<br>P.O. Box 740241<br>Atlanta, GA 30374-0241; or call<br>1-800-685-1111            |
| 2.    TRANSUNION (www.transunion.com)<br>2 Baldwin Place<br>Chester, PA 19022; or call:<br>1-800-916-8800 | 4.    APSCREEN Consumer Relations<br>P.O. Box 80639<br>Rancho Santa Margarita, CA 92688; or call<br>1-800-637-0223 |

### **AGREEMENT AND CONSENT**

**I HAVE READ THIS FORM COMPLETELY**, and **I AUTHORIZE YOU TO OBTAIN** a Consumer Report or Investigative Consumer Report and/or conduct a Background Check which may include, but not be limited to personal, employment, driving, financial (credit) and/or criminal information and/or medical histories and/or other related matters. **I also (by photocopy of this form) authorize** any and all government and/or law enforcement agencies, motor vehicle departments, employers, schools, firms or persons to release information in response to such pre and/or post association (and/or employment) inquiries, and I hereby release same from any and all liability in responding to such inquiries. **I FULLY UNDERSTAND** that if I should be considered for association or employment with you that false, misleading or omitted information in my application(s), resume(s), interview(s) and/or specifically on this form, or any related form(s) may disqualify me from candidacy, or be a basis for and could possibly result in the immediate termination of my association or employment, without notice. **I UNDERSTAND** the above and certify that the information provided herein by me is true, correct and complete.

AP-BIF 1/Rev. 8/03

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

Name (Printed): \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_\_

## Certification of Valid Driver's License & Proof of Insurance

**Instructions:** Please review and sign the following form. Please use blue ink and print clearly. Once completed, please return to the Human Resources Department for entry in your Personnel File.

### DRIVER INFORMATION

Full Name:	
Driver's License #: (Include State)	
Expiration Date:	

### AUTOMOBILE INSURANCE INFORMATION:

Insurance Company:	
Address:	
Telephone Number:	
Policy Number:	

I hereby acknowledge that any employee using his/her personal vehicle on behalf of Investment Leasing Company is required to wear his/her safety belt at all times while vehicle is engaged in business activity.

I hereby certify that the above information is true and correct. I have attached a copy of my valid state driver's license and proof of current automobile insurance coverage for review.

I hereby acknowledge that it is my responsibility to provide Investment Leasing Company with copies of any updates and/or changes in my driver's license status or proof of insurance information.

\_\_\_\_\_ Employee Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Witness

\_\_\_\_\_ Date