



Consumer Background Search
Authorization and Liability Release

The purpose of this form is to notify me that a Consumer Background Report will be conducted on me in the course of consideration for employment or placement with or through (COMPANY NAME).

I understand that this report may be used to make decisions about my employment, including one or more of the following: hiring, firing, promotion, reassignment and access to facilities. According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency.

Under the federal Fair Credit Reporting Act (FCRA) and other applicable state law, you have certain rights with regard to consumer reports obtained for employment purposes including, upon request, disclosure of information on you in the reporting agency's file at the time of the request, including the identification of persons who have procured a consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. The FCRA, 15 U.S.C. 1681, is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You may have additional rights under state law. Request for disclosure of the reporting agency's file should be made during normal business hours and after reasonable notice to the agency, by certified mail or by telephone to Parkin Security Consultants, 160 Albright Way, Suite D, Los Gatos, CA 95032, phone 888-931-9900. I must show proper identification, and pay for any costs involved with the inspection. A copy of any written reports provided to (COMPANY NAME) would be provided to you. The undersigned hereby acknowledges that he/she has read or has had read to him/her the above statement and has understood it, and agrees to be bound by it.

I release Ahead of the Kurve, LLC, (COMPANY NAME) and Parkin Security Consultants, Inc., their employees, officers, representatives and all other persons from all claims, liability, and damages that may result from investigating, furnishing, communicating, reviewing, or evaluating information pursuant to this investigation and from the use of the report. This release means I am waiving claims for misrepresentation, emotional distress and invasion of privacy and any other negligent act. I expressly intend that this release is as broad and inclusive as is permitted by law. If any portion of this release is held invalid, the balance will continue in full legal force.

Signature below authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about me to furnish bearer with any and all information in their possession regarding me, in connection with an application for employment. I give permission that a photocopy of this authorization be accepted with the same authority as the original.

First Name: Middle: Last:

Telephone: Email Address:

Other names used: Date of Birth:

Social Security Number: Driver's License Number / State:

Current Address: Number Street Apt# City State Zip

Applicant's Signature: Date:

I wish to receive a copy of my background report: Yes

Send the copy to me at this home, e-mail or other address:

Request for:
I-9 Verification
7 Year National Criminal Search
Driver's License Record
Sex Offender Registry Check
SSN Verification
Employment Verification
Education/Degree Verification
Credit Check
Custom Search
Other:
FAX THIS SIGNED RELEASE AND REQUEST TO AHEAD OF THE KURVE AT 208-331-8360