## Sure Hire Background Checks Release Authorization

Legal N	ame:				
Address	:				
City:		State: 2	Zip:		
Social S	ecurity Number: Date of Birth:				
Driver L	icense Number:		State:		
Former,	Prior, and Maiden Names (list n	nonth / year in use):			
		From:	To:	_	
Prior Ad	ldresses for the past 7 years (list	only cities with zip codes, i	•		
		From:	To:		
I understand that the Employer/Contractor will utilize the services of <b>Sure-Hire Background Checks</b> , 464 Creekside Trl #1072 Ellijay GA 30540-8836, to obtain a consumer report and / or investigative consumer report as part of the hiring/contracting process. I also understand that if hired/contracted, to the extent permitted by law, the employer/contractor may obtain further reports from Sure-Hire so as to update, renew or extend my contract/employment.					
I understand the report ordered is defined by the Fair Credit Reporting Act (FCRA) The report may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, tax liens, failure to pay spousal or child support, references, educational and employment verifications. I understand such information may be obtained through direct or indirect contact from former employers, schools, financial institutions, landlords and public agencies, friends, associates, acquaintances, and other persons who may have such knowledge. This report may also include information relating to criminal records, drug/alcohol reports, driving record or professional licensing. All reports all subject to any limitations or exceptions applicable under the FCRA and/or state law.					
I acknowledge that I have received and read a copy of the summary of rights under the Federal Fair Credit Reporting Act and, as required by law, any related State summary of rights (collectively "Summaries of Rights").					
This release will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand that if the Employer/Contractor makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify the Employer/Contractor within five business days of my receipt of the Report that I am challenging the accuracy of said information with Sure-Hire. The Employer/Contractor will not make a final decision on my status until after I have had a reasonable opportunity to address the information contained in the Report.					
identity for understar	consent to this background check ar or purposes of this report, I am volu d that all employment decisions are ation shall be as valid as the origina	intarily releasing my date of bire based on legitimate non-discr	rth, social security, and oth	er information for my own	benefit and fully
_	Massachusetts, Minnesota, New Jersey & Oklahoma applicants only: I have the right to request a copy of any Report obtained by the Employer/Contractor from Sure-Hire by placing a checkmark here. (Check only if you wish to receive a copy)				
_	Maine applicants only: By checking here, I indicate that I wish to receive a copy of any Report obtained by the Employer/Contractor from Sure-Hire as well as the address and telephone number of said consumer reporting agency.				
_	New York applicants only: By checking here, I acknowledge that I have received the attached copy of Article 23A of New York's Correction Law and that I wish to receive a copy of any Report obtained by the Employer from Sure-Hire as well as the address and telephone number of said consumer reporting agency.				
_	Washington State and Oregon applicants only (as applicable): I further understand that the Employer/Contractor will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless the information is substantially job related, and the reasons for using the information are disclosed to me in writing. Credit history information is considered for positions whose essential functions include access to confidential customer and/or company financial information.				
The abov	e is understood and agreed by:				
	Signature		Printed Name	Date	