

**FAIR CREDIT REPORTING ACT (FCRA)
DISCLOSURE AND AUTHORIZATION**

NAME _____ DATE _____

PLEASE PRINT

In connection with my application for employment with **L.J. GONZER ASSOCIATES** (hereinafter referred to as the "**COMPANY**"), I hereby acknowledge and understand that I have been notified that the **COMPANY** and/or the **COMPANY CLIENT** to which I am being considered for assignment or have been initially assigned (hereinafter referred to as the "**CLIENT**") may procure a consumer report, including an investigative consumer report, from a consumer reporting agency. I hereby authorize the procurement of any such consumer report, including any investigative consumer report, from the consumer reporting agency **TABB, INC. ("TABB")**, and the review and other lawful use of the information contained therein by both the **COMPANY** and the **CLIENT**. I understand that any such report may contain certain information about my background, character, general reputation, personal characteristics, job performance, abilities, mode of living, criminal history, credit worthiness, credit standing and/or credit capacity. I hereby further authorize all persons, employers, companies, organizations, schools, credit bureaus, courts, and law enforcement and governmental agencies/departments/offices to release such information, without restriction or qualification, to **TABB** and any of its respective officers, agents, representatives or employees.

I hereby further understand that, to the extent permitted by law, this disclosure and authorization is hereafter valid during the course of any subsequent employment or assignment by me to the extent that the **COMPANY** and/or the **CLIENT** procures any future consumer reports from **TABB** in connection with any such continued employment or assignment.

I hereby further understand that I have the right to know if an adverse action is being considered against me as a result of information contained in any such report, that I have the right to a copy of any such report prior to any adverse action being taken against me, and that I have a right to dispute the accuracy of any information contained in any such report by contacting **TABB**. I hereby further understand that I may have additional rights under State law which I may determine by contacting my State or local consumer protection agency.

I hereby further understand that any such offer of employment, consideration for assignment, assignment and/or employment will be contingent upon numerous factors, including any such background check.

SOCIAL SECURITY NO. _____ DATE _____

SIGNATURE _____ OTHER NAME(S) USED _____

Date of Birth _____

