

**CAROLINA TESTING**

DRUGS | ALCOHOL | DNA | CLINICAL

OFFICE USE ONLY

- ☐ Drug Results Received ☐ Initiate BKGND
☐ Save BKGND Results ☐ Email to Employer

**DISCLOSURE AND AUTHORIZATION
FOR CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

Company Name: _____

In connection with your application and/or employment with above listed Company (hereinafter "the Company") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report," as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, workers' compensation claims (post job offer or conditional job offer), verification of education or employment history, social media or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. 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 to the Company and National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.'s privacy practices see www.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow the Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing. The Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of the Company.

Acknowledgement and Authorization

You hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by the Company or its duly authorized service provider during the pre-employment screening process or if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of the Company, if applicable.

Signature____/____/_____
Today's Date**PLEASE PRINT:**_____
First Name_____
Middle_____
Last Name_____
Other | Former | Maiden Names_____
Current Address_____
City/State/Zip(____)____-_____
Contact Phone_____
Email Address_____
Driver's License Number____-____-_____
Social Security Number____/____/_____
Date of Birth

The information provided on this form will be used for background screening purposes only and no other purpose.