



FSG Electric Chicago	Permissible Purpose Certification: <input checked="" type="checkbox"/> Pre-Employment Screening
Unless noted, please provide a LEVEL 1 SERVICE	OTHER SERVICE:

BACKGROUND SCREENING DISCLOSURE AND AUTHORIZATION

Applicants: Please read the following statements carefully

NOTICE

In connection with your application for or continued employment, [Insert Client Name] (“Company”) may order a background report (“consumer report”) or an “investigative consumer report”. These reports may be obtained at any time after receipt of your signed authorization and, if you are hired by Company, throughout your employment where permissible by law. These reports may contain information about your character, general reputation and/or mode of living and may include information including, but not limited to: social security number verification, criminal/civil records, driving records, employment and education history, professional licensing/certifications, credit reports, and drug testing results.

Investigative consumer reports are consumer reports gathered from 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 ask the Company to disclose the nature and scope of any investigative consumer report. You also may request a copy of that report from the Company. A disclosure regarding the nature and scope of an investigative consumer report shall be made in writing and delivered to you by the Company no later than five days after (i) the date on which your request for the disclosure was received or (ii) the date on which the investigative consumer report was first requested, whichever is later.

LS Screening, LLC, (“LSS”), a Consumer Reporting Agency, will prepare the consumer report. They may be contacted at:

PO Box 270152
Austin TX 78727
(800) 755-3392 Voice/(800) 283-4883 Fax.

Per the Fair Credit Reporting Act, you may be entitled to a copy of the report. The Fair Credit Reporting Act gives you specific rights in dealing with Consumer Reporting Agencies. You will find these rights summarized in *A Summary of Your Rights Under the Fair Credit Reporting Act*. A copy of that document can be found at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

Minnesota applicants only: You have the right, upon written request to LSS, to receive a complete and accurate disclosure of the nature and scope of any consumer report. LSS must make this disclosure within five days of your request for disclosure or of the Company’s request for the report, whichever is later.

Minnesota / Oklahoma applicants: You have the right to receive a copy of your consumer/investigative consumer report by checking “Yes” below. Please check the appropriate box if you would like to receive a free copy of your consumer report.

YES NO

New Jersey applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS. You may inspect and order a free copy of the report by contacting LSS.

New York applicants: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from LSS, and you will be provided with the name and address of LS Screening. You may inspect and order a free copy of the report by contacting LSS. By signing below, you certify that you have received a copy of New York Correction Law 23-A.

Washington State applicants: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigative consumer report requested by the Company. You also have the right to ask LSS for a written summary of your rights under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND REPORTS

By providing the requested information and signing below, I acknowledge receipt of the **Background Screening Disclosure and Authorization Notice, A Summary of Your Rights under the Fair Credit Reporting Act** (available at http://files.consumerfinance.gov/f/201410_cfpb_summary_your-rights-under-fcra.pdf) and any other document referenced in this Background Screening Disclosure and Authorization Notice and certify that I have read and understand all of those documents provided to me by the Company. By my signature below I hereby authorize the Company to obtain consumer reports and/or investigative consumer reports for employment purposes at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by LS Screening, PO Box 270152, Austin TX 78727, (800) 755-3392 Voice/(800) 283-4883 Fax. I agree that a facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original.

I understand that signing my name below, constitutes my consent and that by doing so: I am acknowledging Company has disclosed that they may request a consumer report or investigative consumer report; that I am authorizing LS Screening to conduct the background check(s) described above; and I certify that facts and information in this form and any attachments I have provided are true, accurate, and complete to the best of my knowledge.

PLEASE PROVIDE ALL INFORMATION AND PRINT CLEARLY

APPLICANT'S LEGAL NAME:

_____ Last Name First M.I.

SOCIAL SECURITY #:

DATE OF BIRTH:

_____/_____/_____
Month/Day/Year

CURRENT HOME ADDRESS:

_____ Street City/State Zip

DRIVER'S LICENSE #:

STATE OF ISSUANCE:

EMAIL ADDRESS:

APPLICANT SIGNATURE : _____ DATE: _____

eScreen – FSG Electric

FSG Electric Applicants: Please present this information sheet and a photo ID at one of the clinics below for your drug test:



CID347790

Advanced Occupational Medicine
2615 Harrison St.
Bellwood IL 60160
(708) 493-0299

Clinic Hours: Monday 7:00 AM – Midnight Friday / 8-12 Saturday / Closed Sunday

This Form is to introduce this Applicant for the Service checked below.

Applicant: _____

Applicant Social Security Number: _____

Applicant Date of Birth: _____

Applicant Contact Telephone Number: _____

This is an eCup Test

**FSG – Electric Chicago
eScreen Account #100334- 57**

**PLEASE DO NOT REFUSE THIS DONOR. IF THERE ARE ANY QUESTIONS
PLEASE CONTACT LS Screening – Austin TX (512) 275-1130**

