

ANNISTON FIRE DEPARTMENT

P. O. Box 2168
225 East 17th Street
Anniston, Alabama 36202
Telephone: (256) 231-7647

Jeff Waldrep, Chief

Katherine Meherg, Assistant Chief (A Shift)
Dale Findley, Assistant Chief (B Shift)
Eric Arnold, Assistant Chief (C Shift)
Brandon Connell, Assistant Chief (Training)

Johnnie Phelps, Operations Chief
225 East 17th Street
Anniston, Al 36202
(256) 342-2246
jphelps@anniston.al.gov

I. PRE-EMPLOYMENT INFORMATION PACKAGE

This *Pre-Employment Information Package* (completed in full, additional time is allowed for return of high school and college transcripts) and a CPAT certification must be completed before a written Civil Service test will be scheduled. Contact Assistant Chief Johnnie Phelps to schedule CPAT and return of this package (Contact above).

Applicant Name: _____

Date Package Received: _____

Initial: AFD Officer

Date CPAT Completed: _____

Initial: AFD Officer

ANNISTON FIRE DEPARTMENT

PRE-EMPLOYMENT INFORMATION PACKAGE

To the Applicant:

The *Pre-Employment Information Package* is vital in providing essential information to the Department concerning your pre-employment history. Complete all forms as accurately as possible and as detailed as is necessary to give effective response.

Each applicant is, hereby, advised that the contents of this package are held strictly confidential and that no information will be disseminated to any person except in the conduct of official Anniston Fire Department business.

Each question must be answered in its entirety. Should additional space be necessary to answer any item accurately, "ATTACHMENTS" may be referenced and added to the package. Should you disassemble this package, please reassemble in original order prior to stapling.

All information must be typed or printed in black ink.

Attention should be given to the following items:

1. "Authorization for Release of Information"

Authorizes Anniston Fire Department representative(s) to obtain and to verify information essential for employment consideration. Authorization is also given for the release of such information. **THIS FORM MUST BE SIGNED BEFORE A NOTARY PUBLIC. DO NOT SIGN UNTIL YOU ARE IN THE PRESENCE OF A NOTARY.**

2. "Privacy Act Notice"

Read carefully prior to signature.

3. The following items must be presented to the Department on return of this package:

- Birth Certificate
- Social Security Card
- Driver's License
- High School Diploma or G.E.D.
- High School Transcript (Additional days allowed for return.)
- College Diploma (Associate's Degree Certificate if applicable.)
- College Transcript (Additional days allowed for return.)
- Form DD214 and Page 4 of Form 214 if Veteran (Former military only.)
- Current State Immunization Certificate
- CPAT Certificate (Contact Assistant Chief Johnnie Phelps for information on CPAT).

ANNISTON FIRE DEPARTMENT

AUTHORIZATION FOR RELEASE OF INFORMATION

I, hereby, authorize any investigative or duly accredited representative of the Anniston Fire Department bearing this release, or copy thereof, within one year of its' date, to obtain any information from schools, residential, financial institutions, armed forces, hospitals, doctors, Veteran's Administration, credit bureau, employers, criminal justice agencies, or individuals relating to my actions. This information may include, but is not limited to, academic, military, residential, health rating, credit rating, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I, hereby, direct you to release such information upon request of the bearer. I understand that the information released is for official use by the Anniston Fire Department and may be disclosed to such third parties as necessary in the fulfillment of official responsibility.

I, hereby, release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may, at any time, result to me on account of compliance or any attempt to comply, with this authorization. Should there be any question as to the validity of this release, you may contact me as indicated:

Signature (Full Name): _____

Full Name Printed: _____

Other Names Used: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

Current Contact Information: _____ Email
_____ Work
_____ Cellular

NOTARY PUBLIC:

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires

ANNISTON FIRE DEPARTMENT
PRIVACY ACT NOTICE

Purpose and Use:

Data, provided on this form, will be furnished to individuals in order to obtain information regarding your activities in connection with a background investigation to determine

- Fitness for City of Anniston Employment.
- Clearance to perform contractual service for the city government.
- Security clearance or access.

The information obtained may be furnished to third parties as necessary for fulfillment of official responsibilities.

Effects of Nondisclosure:

Furnishing the requested information is voluntary. However, failure to provide all, or part, of the information may result in a lack of further consideration for employment, clearance, or access, or in the termination of your employment.

ANNISTON FIRE DEPARTMENT
PERMISSION TO CONTACT PREVIOUS EMPLOYER

----- The Anniston Fire Department has my permission to contact my current employer in reference to verification of my employment history.

----- I request that my current employer not be contacted at this time.

Signature of Applicant

Date

PERSONAL AND FAMILY INFORMATION:

1.1.1 _____
 Last Name First Name Middle/Maiden

a. Name most commonly called: _____

b. List all other names, aliases, or nicknames, by which you have been known:

1.2.1 Sex: Male () Female ()

1.3.1 Social Security Number: _____

1.4.1 Date of Birth: Month _____ Day _____ Year _____

1.5.1 Place of Birth: City _____ County _____ State _____

a. Birth Certificate: Number _____ State _____

b. Citizen of the United States? Yes () No ()

c. If you are a naturalized citizen of the United States, list below:

Certificate No.	Date	Court	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

1.6.1 Marital Status: Single () Married ()
 Separated () Divorced ()
 Widowed ()

a. If married, to whom. Include maiden name and any other names.

b. If previously married or divorced, list all former spouses:

<u>NAME</u>	<u>CURRENT ADDRESS</u>	<u>DATE MARRIAGE</u>	<u>DATE DIVORCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION:

- 4.1.1 List below all schools you have attended beginning with the ninth grade and including all technical schools and colleges.

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes () No ()	Major	Minor

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes () No ()	Major	Minor

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes () No ()	Major	Minor

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes () No ()	Major	Minor

From Month/Year	To Month/Year	Grade From/To	Name/Address of School
Type of Degree	Graduate Yes () No ()	Major	Minor

4.2.1 Have you ever been suspended or expelled from a school for any reason?

Yes () No ()

If yes, explain: _____

4.3.1 Have you ever been placed on academic probation from any school?

Yes () No ()

If yes, explain: _____

CONFIDENTIAL

EMPLOYMENT:

- 5.1.1 Beginning with your present employer and working backward, list all employers, both full-time and part-time, during the past ten (10) years. Include, in sequence, any period of military service and/or unemployment. Use the narrative page to include additional employers or to provide expanded information.

Company Name: _____
 Address: _____
 Employed: From: _____ To: _____
 Type of Work: _____
 Full Time: _____ Part Time: _____
 Reason for Leaving: _____

 Supervisor: _____
 Telephone Number _____

Company Name: _____
 Address: _____
 Employed: From: _____ To: _____
 Type of Work: _____
 Full Time: _____ Part Time: _____
 Reason for Leaving: _____

 Supervisor: _____
 Telephone Number _____

Company Name: _____
 Address: _____
 Employed: From: _____ To: _____
 Type of Work: _____
 Full Time: _____ Part Time: _____
 Reason for Leaving: _____

 Supervisor: _____
 Telephone Number _____

Company Name: _____
 Address: _____
 Telephone: _____
 Employed: From: _____ To: _____
 Type of Work: _____
 Full Time: _____ Part Time: _____
 Reason for Leaving: _____

 Supervisor: _____
 Telephone Number _____

Company Name: _____
 Address: _____
 Telephone: _____
 Employed: From: _____ To: _____
 Type of Work: _____
 Full Time: _____ Part Time: _____
 Reason for Leaving: _____

 Supervisor: _____
 Telephone Number _____

Company Name: _____
 Address: _____
 Telephone: _____
 Employed: From: _____ To: _____
 Type of Work: _____
 Full Time: _____ Part Time: _____
 Reason for Leaving: _____

 Supervisor: _____
 Telephone Number _____

Company Name: _____
 Address: _____
 Telephone: _____
 Employed: From: _____ To: _____
 Type of Work: _____
 Full Time: _____ Part Time: _____
 Reason for Leaving: _____

 Supervisor: _____
 Telephone Number _____

5.2.1 If you are presently unemployed, state the reason:

5.3.1 Has any form of disciplinary action to include, but not limited to, suspension, fine, written reprimand, firing, etc. been taken against you by an employer?

Yes () No ()

5.4.1 Have you resigned or quit a job before you were about to be fired?

Yes () No ()

5.5.1 Have you withheld any information on this application concerning prior employment or reasons for leaving?

Yes () No ()

Should you answer, "yes" to any question listed within items 5.3.1 through 5.5.1 please provide explanation on the Narrative Page referencing item number and page number.

CONFIDENTIAL

MILITARY SERVICE RECORD:

6.1.1 Have you served in the Armed Forces through Active Duty, Reserve, or National Guard status?
 Yes () No ()

6.2.1 If currently a member of any branch of military service, provide:
 Present Classification: _____
 Address of Local Unit: _____

6.3.1 Are you registered in the Selective Service?
 Yes () No ()

6.4.1 List all military service performed:

From Month/Year: _____ To Month/Year: _____
 Branch of Service: _____
 Active: _____ Reserve: _____
 Highest Rank: _____
 Last Rank: _____
 Type Discharge or Separation: _____

From Month/Year: _____ To Month/Year: _____
 Branch of Service: _____
 Active: _____ Reserve: _____
 Highest Rank: _____
 Last Rank: _____
 Type Discharge or Separation: _____

6.5.1 If registered in the Selective Service, provide Service Number: _____

6.6.1 List below your last three duty stations:

From: Month/Year	To: Month/Year	Location	Duty Performed

- 6.7.1 List below all disciplinary action taken against you by military authorities during military service.

Date	Charge	Action	Disposition

- 6.8.1 Were you ever AWOL:
 Yes () No ()

If yes, explain.

- 6.9.1 Were you ever investigated by military authorities?
 Yes () No ()

If yes, explain.

7.2.1 What is your spouse's monthly income? _____ Gross

Source of income: _____

7.3.1 What is your current monthly income? _____ Gross

Source of income: _____

7.4.1 Do you have a checking account?

Yes () No ()

Banking Institution: _____

7.5.1 Do you have a savings account?

Yes () No ()

Banking Institution: _____

CONFIDENTIAL

MISCELLANEOUS QUESTIONNAIRE:

- 10.1.1 Have you ever had your wages attached or garnished?
Yes () No ()
- 10.2.1 Do you have any immediate civil action pending against you?
Yes () No ()
- 10.3.1 Have you ever been a party to a small claims or other civil court action?
Yes () No ()
- 10.4.1 Have you ever had a judgment rendered against you?
Yes () No ()
- 10.5.1 Have you ever filed for bankruptcy or been declared bankrupt?
Yes () No ()
- 10.6.1 Have you ever been refused for life, automobile, health or any other type insurance?
Yes () No ()
- 10.7.1 Have you ever been refused credit?
Yes () No ()
- 10.8.1 Have you ever had any property repossessed?
Yes () No ()
- 10.9.1 Have you ever had a debt or bill turned over to a collection agency?
Yes () No ()
- 10.10.1 Are you delinquent on any debt?
Yes () No ()
- 10.11.1 Have you ever been bonded or had a bond refused?
Yes () No ()
- 10.12.1 Have you ever intentionally skipped out on a bill, debt, or financial obligation?
Yes () No ()
- 10.13.1 Do you owe money to a former employer?
Yes () No ()
- 10.14.1 Do you presently owe gambling debt?
Yes () No ()

10.15.1 Have you ever been evicted?
 Yes () No ()

10.16.1 If employed by the Anniston Fire Department, do you anticipate any income other than you fire department salary?
 Yes () No ()

10.17.1 List below everything you have ever stolen valued at more than \$100.00.

_____	_____
_____	_____
_____	_____
_____	_____

10.18.1 List below everything you have ever stolen valued at less than \$100.00.

_____	_____
_____	_____
_____	_____
_____	_____

10.19.1 Have you ever stolen, participated in, or conspired to any of the situations listed below? Incidents include whether or not you were caught.

Theft of cash	Yes ()	No ()
Theft from a relative	Yes ()	No ()
Theft from a friend	Yes ()	No ()
Theft from an employer	Yes ()	No ()
Theft from a neighbor	Yes ()	No ()
Theft from a store	Yes ()	No ()
Mail theft	Yes ()	No ()
Auto theft	Yes ()	No ()
Theft from an auto	Yes ()	No ()
Fraud	Yes ()	No ()
Changed price tag	Yes ()	No ()
Filed a false insurance claim	Yes ()	No ()

Should you answer “yes” to any question listed within items 10.1.1 through 10.19.1, provide explanation on the Narrative Page referencing page number and item number.

ARREST RECORD AND CRIMINAL ACTIVITY:

11.1.1 List all arrests or convictions for any offense committed.

Date	Location	Offense	Disposition

11.2.1 Have you ever been accused of a sexual crime?

Yes () No ()

11.3.1 Has a warrant been issued on you?

Yes () No ()

11.4.1 Are there any outstanding warrants for your arrest at this time?

Yes () No ()

11.5.1 Have you ever been questioned and released by the police for any reason?

Yes () No ()

11.6.1 Has anyone ever had a warrant taken out on you?

Yes () No ()

Should you answer, "yes" to any question listed within items 11.1.1 through 11.6.1, provide explanation on the Narrative Page referencing page number and item number.

DRIVER'S LICENSE AND TRAFFIC HISTORY:

12.1.1 Do you possess a valid State of Alabama Driver's License?

Yes () No ()

If yes, complete the following:

Restrictions/ Endorsements: _____

License Number: _____

Date Issued: _____

Expiration Date: _____

12.2.1 If you have ever been issued a driver's license by a state, other than Alabama, complete the following.

Issuing State	Issue Date	From:	To:
	Issue Date:	From:	To:
	Issue Date:	From:	To:
	Issue Date:	From:	To:

12.3.1 Have you ever had a driver's license suspended or revoked?

Yes () No ()

If yes, complete the following.

Date	State	Reason

12.4.1 List any traffic ticket you have received in any state.

Date	Agency	Location	Violation	Disposition

12.5.1 Do you now have any outstanding traffic tickets in any state?

Yes () No ()

If yes, explain. _____

12.6.1 List all traffic accidents you have had in the last five years. Provide additional information on the Narrative Page referencing page number and item number.

Date	Location	(1) Description (2) Who was at fault?
	_____ _____ _____ _____ _____	(1) _____ _____ (2) _____ _____
	_____ _____ _____ _____ _____	(1) _____ _____ (2) _____ _____

	_____ _____ _____ _____ _____	(1) _____ _____ (2) _____ _____
	_____ _____ _____ _____ _____	(1) _____ _____ (2) _____ _____

12.7.1 While driving, did you ever hit another vehicle, pedestrian, or object and leave the scene without stopping?

Yes () No ()

If yes, explain. _____

12.8.1 Had you been drinking prior to any motor vehicle accident in which you may have been involved?

Yes () No ()

If yes, explain. _____

DRUG USAGE:

- 13.1.1 Answer “yes” or “no” whether or not you have used any of the drugs listed below. If your answer is “yes”, complete the questions in the adjoining blocks.

Drug	Use (Yes) (No)	Date First Used	Date Last Used	Times Used	Largest Amount Bought	Largest Amount Sold
------	-------------------	--------------------	-------------------	---------------	-----------------------------	---------------------------

Narcotics						
Marijuana						
Hashish						
Opium						
Morphine						
Heroin						
Fentanyl						
Codeine						
Methadone						
Suboxone						
Dilaudid						
Demerol						
Paregoric						
Talwin						
Quaaludes						
Oxycodone						
Lorcet						
Vicodin						

Hallucinogens						
L. S. D.						
D. M. T.						
P. C. P.						
Peyote						
Mescaline						
Psilocybin/ Mushrooms						
Ecstasy						

Stimulants						
Cocaine/Crack						
Amphetamine						
Met amphetamine						
Speed						
Diet Pills						
Adderall/ Vyvanse						
Bath Salts						

Depressants						
Barbiturates						
Tranquilizers						
Valium						
Xanax						

OTC Substance Abuse						
Huff: Solvents/ Glue/Gas						
Huff: Thinners						
Huff: Sprays/ Paint						
Kratom:						
Tianeptine:						
K2/ Spice:						
Phinebut or similar:						

13.2.1 Have you ever transported illegal drugs including prescription drugs with illegal intent?

Yes () No ()

If yes, explain.

13.3.1 Have you ever abused steroids or substances mimicking testosterone?

Yes () No ()

If yes, explain.

13.4.1 When was the last time you were with someone who was using illegal drugs or prescription drugs other than their own?

Circumstances.

13.5.1 Are any of your close friends or family involved in the use or sale of illegal drugs or prescription drugs?

Yes () No ()

If yes, explain.

13.6.1 Have you ever grown marijuana or manufactured meth?

Yes () No ()

If yes, explain. _____

13.7.1 Have you ever used illegal drugs or abused prescription drugs while working?

Yes () No ()

If yes, explain. _____

13.7.2 Have you ever sought treatment from a physician with the intent to acquire a prescription drug with intent to abuse or sell?

Yes () No ()

If yes, explain. _____

13.8.1 Have you ever forged or altered a prescription?

Yes () No ()

If yes, explain. _____

13.8.2 Have you ever sold a prescription drug (Yours or someone else's)?

Yes () No ()

If yes, explain. _____

13.9.1 Since taking the Anniston Civil Service test for a position with the Anniston Fire Department, have you used any illegal drugs?

Yes () No ()

If yes, explain. _____

ALCOHOL:

14.1.1 How much alcohol do you consume in an average week? _____

14.2.1 Have you ever reported to work drunk?
Yes () No ()

If yes, explain. _____

14.3.1 Have you ever drank on the job?
Yes () No ()

If yes, explain. _____

14.4.1 Has your drinking ever caused you family problems?

Yes () No ()

If yes, explain. _____

14.5.1 When did you last operate a motor vehicle under the influence of alcohol or drugs?

14.6.1 How many times have you taken off work due to a hangover? _____

14.7.1 Have you ever felt embarrassed after drinking too much?
Yes () No ()

If yes, explain. _____

SOCIAL MEDIA:

15.1.1 Have you ever been disciplined (job or school) because of your social media content?

Yes () No ()

If yes, explain. _____

15.2.1 Have you ever posted photos of illegal activities on your social media platform?

Yes () No ()

If yes, explain. _____

15.3.1 Have you ever posted nude or illicit content on your social media platform?

Yes () No ()

If yes, explain. _____

15.4.1 Have you ever posted content on your social media platform that could shed a negative public view of your employer?

Yes () No ()

If yes, explain. _____

15.5.1 Have you, or are you currently involved in social media activities that could be viewed as controversial?

Yes () No ()

If yes, explain. _____

Should you answer, "yes" to any question listed within items 13.1.1 through 15.5.1, provide additional explanation on the Narrative Page referencing page number and item number.

ADDITIONAL INFORMATION:

16.1.1 Are you now, or have you ever been, licensed for any purpose such as, but not limited to, pistol permits, instructor, or any professional license?

Yes () No ()

If yes, list license along with any necessary information to include expiration date, limitations, etc.

➤ _____

➤ _____

➤ _____

➤ _____

16.2.1 Do you currently hold an Emergency Medical Technician's License?

- National Registry Yes () No ()
- Ala. Dept. of Public Health Yes () No ()
- _____ Yes () No ()

16.3.1 If you are currently a licensed Emergency Medical Technician, indicate level.

- EMT Basic License No. _____
Expiration: _____
- EMT Advanced License No. _____
Expiration: _____
- EMT Paramedic License No. _____
Expiration: _____

16.4.1 Have you applied for employment with the City of Anniston prior to application with this Department?

Yes () No ()

If yes, indicate position/positions. _____

16.5.1 Have you made application for employment with other agencies or companies?

Yes () No ()

If yes, give information regarding application. _____

16.6.1 On a scale of 1 to 10, what do you rate the level of your temper? _____

(1) Never Angry -To- (10) Explode at the least little thing

16.7.1 When were you last in a fight?

16.8.1 Have you ever committed any act that, if it came to light, could be embarrassing to you or to this department should you be selected for employment?

Yes () No ()

16.9.1 What is the worst act you have ever committed?

16.10.1.1 Have you ever committed an act for which you could be blackmailed?

Yes () No ()

If yes, explain. _____

16.11.1 What is the average number of days you were out of work or school each year for medical reasons? _____

16.12.1 Have you ever received compensation as a result of an auto accident?

Yes () No ()

If yes, explain. _____

REFERENCES:

- 17.1.1 List three references, other than relatives or previous employers, preferably in the Anniston area.

Name: _____
 Residence Address: _____

Telephone Number: _____
 Employer: _____
 Employer Address: _____

Telephone Number: _____

Name: _____
 Residence Address: _____

Telephone Number: _____
 Employer: _____
 Employer Address: _____

Telephone Number: _____

Name: _____
 Residence Address: _____

Telephone Number: _____
 Employer: _____
 Employer Address: _____

Telephone Number: _____

- 17.2.1 Give the names of two relatives, other than those residing in your home, preferably in the Anniston area.

Name: _____
 Residence Address: _____

Telephone Number: _____
 Employer: _____
 Employer Address: _____

Telephone Number: _____

Name: _____
Residence Address: _____

Telephone Number: _____
Employer: _____
Employer Address: _____

Telephone Number: _____

17.3 List the names of your three closest friends.

Name: _____
Residence Address: _____

Telephone Number: _____
Employer: _____
Employer Address: _____

Telephone Number: _____

Name: _____
Residence Address: _____

Telephone Number: _____
Employer: _____
Employer Address: _____

Telephone Number: _____

Name: _____
Residence Address: _____

Telephone Number: _____
Employer: _____
Employer Address: _____

Telephone Number: _____

17.4 NARRATIVE:

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

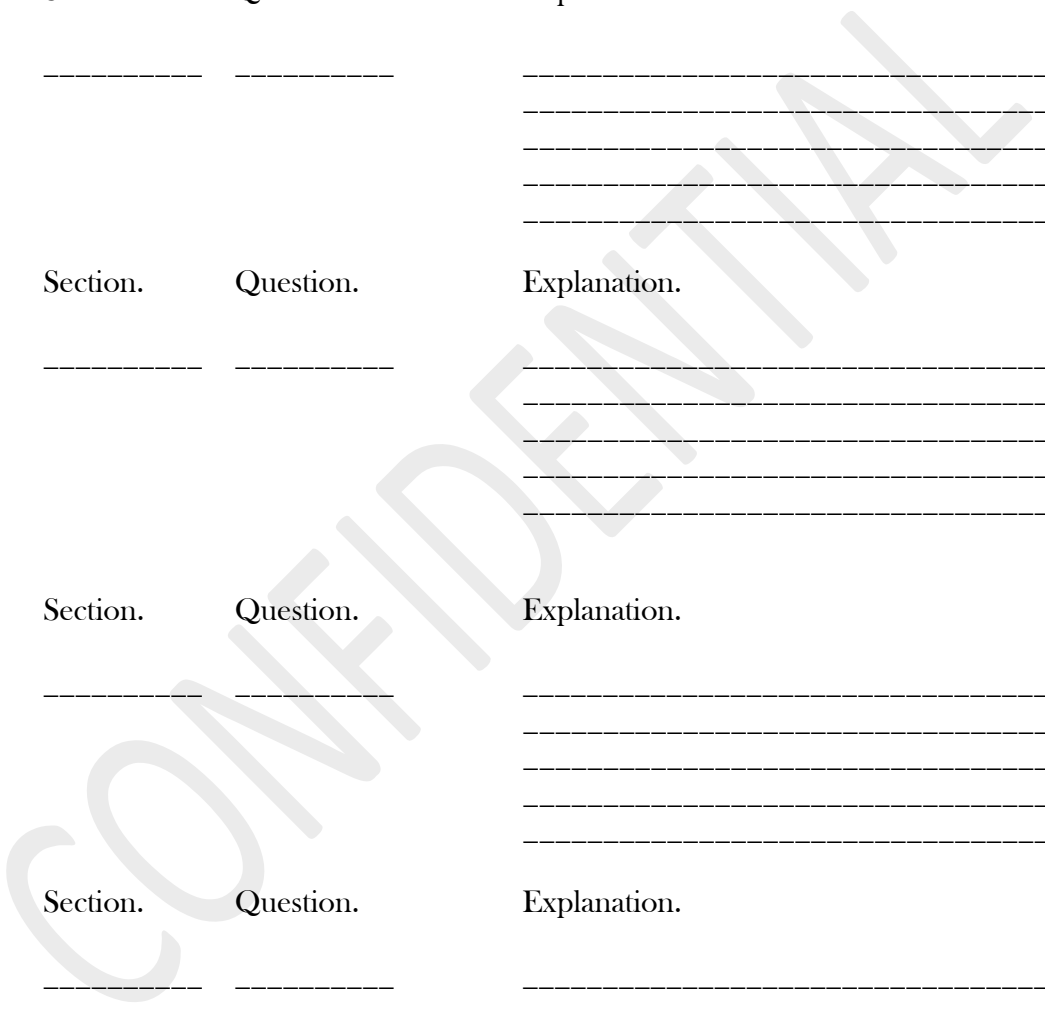
Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- ----- -----

Section.	Question.	Explanation.
-----	-----	----- ----- -----



ANNISTON FIRE DEPARTMENT

PRE-EMPLOYMENT APPLICATION VERIFICATION

FALSIFICATION:

18.1.1 Have you intentionally falsified any part of this application?

Yes () No ()

If yes, explain. _____

18.2.1 Have you intentionally omitted any information to any question on this application?

Yes () No ()

If yes, explain. _____

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC:

I affirm that this application contains no misrepresentation or falsification, omission, or concealment of material fact and that information given by me is true and complete to the best of my knowledge and belief. I am aware that statements made by me on this application are subject to later investigation. I am further aware that should any investigation disclose any such misrepresentation, falsification, omission, or concealment of material fact, my application may be rejected and my name removed from the eligible list. If already appointed, I may be dismissed.

Signature of Applicant

State of Alabama, Anniston, Calhoun County

Sworn to me this _____ day of _____, 20 _____.

Notary Public

My Commission Expires



AUTHORIZATION

I HEREBY AUTHORIZE The City of Anniston (“the Company”) to obtain consumer reports and investigative consumer reports about me 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 person or entity, 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 to Employment Screening Services at 2700 Corporate Drive, Suite 100, Birmingham, Alabama 35242, 866-859-0143, www.es2.com.

The term background information includes, but is not limited to, employment history, reference checks, criminal and civil history information, motor vehicle records, moving violation reports, sex offender status information, credit reports, education verification, professional licensure verification, drug testing, and information related to my Social Security Number.

I acknowledge receipt of three separate documents entitled Disclosure of Procurement of Consumer Report, Disclosure of Procurement of Investigative Consumer Report, and a Summary of Your Rights under the Fair Credit Reporting Act, and I certify that I have read and understood all of those documents. I understand I can view ESS’s Privacy Policy on its website at www.es2.com. I agree that a facsimile, electronic or photographic copy of this Authorization shall be as valid as the original.

Signature of Applicant/Employee

Date

Print Name of Applicant/Employee

Note to Company:
Maintain original authorization in personnel file.



CONSUMER INFORMATION SHEET

NOTE TO CLIENT: This is to be used for manual orders only. Clients using our Verocity Web Application or SwiftHire do not need to complete this page.

NOTE TO CONSUMER: The following is used only for the purpose of performing a background check. To view ESS’s privacy policy, please go to www.es2.com/privacy-policy/

Please type or print using black ink. Illegible writing will cause delays.					
<u>Last Name:</u>		<u>First Name:</u>		<u>Middle Name:</u>	
<u>Date of Birth:</u>		<u>Social Security Number:</u>		<u>Driver’s License Number and State:</u>	
<u>Current Address:</u>		<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>		<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>		<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Previous Address (Past 7 Years):</u>		<u>City:</u>		<u>State:</u>	<u>Zip Code:</u>
<u>Degree obtained:</u>		<u>Year Graduated:</u>	<u>Name of School:</u>		<u>City and State of School:</u>
<u>Last Name Used at Time of Graduation:</u>		<u>Other Aliases (Other Names I Have Been Known By):</u>			



Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the

account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552</p> <p>b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Custom Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Financial Protection (OCFP) Division of Consumer Compliance Policy and Outreach 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., Suite 8200 Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357</p>