

ORDER TRANSMITTAL SHEET EMAIL TO: orders@laborchex.com

Please complete this form and submit it with any order that is Emailed to us for processing. **The Authorization signed by the applicant (or current employee) should accompany this sheet.**

CLIENT NAME: _____

I warrant that I have been fully authorized by the Client named above to submit this background investigation request and make the certifications herein. In placing this order on behalf of Client, I hereby certify to Laborchex that (1) the requested consumer report is being ordered solely for employment purposes and for no other purpose; (2) the information obtained will not be used in violation of any federal or state equal opportunity law or regulation; (3) prior to ordering or causing the report to be ordered Client: (i) has made a clear and conspicuous disclosure in writing to the consumer/applicant, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; and (ii) has obtained the consumer/applicant's written authorization to obtain the report. Client further certifies to Laborchex that prior to taking any adverse action based in whole or in part on the report, Client will provide the following to the consumer/applicant: (a) a copy of the consumer report; (b) a copy of the document named a "Summary of Your Rights Under the Fair Credit Reporting Act" previously provided to Client by Laborchex, and (c) a Pre-Adverse Action notification (a letter that notifies Consumer that you may take adverse action based on the report, and are providing him/her a sufficient amount of time before taking adverse action to dispute any information contained in the Consumer Report, prior to your final adverse action decision). Client also certifies that, in the event an investigative consumer report is being ordered, the Client has made the additional disclosure that the consumer has the right upon written request to Client to be informed whether an investigative consumer report was requested and given information as to the nature and scope of the investigation requested. Client also certifies that, in the event a worker's compensation history report is being ordered, in compliance with the Americans with Disabilities Act, the Client has already made a contingent offer of employment, and is investigating worker's compensation history solely to determine that the consumer is not being hired for a position or assigned a job function that could aggravate a previous injury.

I understand that submitting this request without the authorization of Client and without complying with the aforementioned legal requirements is a violation of federal law that can result in irreparable damages to both Client and to Laborchex, Inc. I agree not to sell, disseminate, or otherwise distribute in whole or in part, any information provided by Laborchex, Inc. to any third party. I will order, receive and use information provided by Laborchex, Inc. solely as an end user, and shall not request or use information obtained from Laborchex, Inc. for purposes not permitted by law. The laws and regulations governing fair practices include, but are not limited to, the Fair Credit Reporting Act (FCRA), and it states' analogues and statutes; the Americans with Disabilities Act (ADA) and it states' analogues and statutes; and Drivers Privacy Protection Act (DPPA) and its states' analogues and statutes; and Title VII of the Civil Rights Act of 1964.

CLIENT SIGNATURE BY: _____ PRINT NAME _____ DATE: _____

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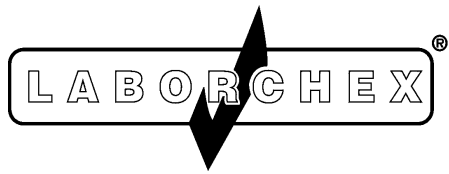
APPLICANT NAME: _____ SSN: _____ ** DOB: _____

ADDRESS: _____

DRIVER'S LICENSE #: _____ STATE OF ISSUANCE: _____

CHECK SCREENINGS REQUIRED FOR THIS APPLICANT

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|--|--|
| _____ Previous Employment Verification* | _____ Driving Record Check |
| _____ D.O.T.____ (Special Screening for Commercial Drivers)* | _____ Workers' Compensation* (x) |
| _____ Education Verification* | _____ Employment Credit Report* (x) |
| _____ Professional/Personal References* | |
| _____ Professional License & Credential Check* | |
| _____ Official Education Transcripts* | |
| _____ CRIMINAL RECORD CHECKS (list jurisdictions below) | |
| _____ CrimeChexPLUS Multi-State Criminal Index Check | |
| _____ List Criminal Record Jurisdictions To Be Checked Here: | _____ National Address Search & Social Security # Validation |
| _____ Nationwide Federal Violations Criminal Record Check | |



*** For these levels of screening, please include the completed job application in this transmittal. **Date of birth is being requested for identification purposes only in obtaining accurate retrieval of records and will not be used for discriminatory purposes.
(x) When permitted by state law.**

(rev. 11/2015)