NOTIFICATION OF PROCUREMENT OF CONSUMER REPORT

Through this document, Mitchell County is putting you on notice and disclosing to you that Mitchell County may obtain a consumer report for employment purposes as part of the pre-employment background investigation. In addition, such a consumer report may be obtained at any time during your employment.

BACKGROUND CHECK AUTHORIZATION

I, the undersigned consumer, do hereby authorize Mitchell County, by and through its independent contractor, to procure a consumer report on me.

This above-mentioned report may include, but is not limited to, employment and education verifications; my driving history, including any traffic citations; a social security number verifications; present and former addresses; and criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to Mitchell County, including, but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that this authorization shall remain on file and shall serve as an ongoing authorization for Mitchell County to obtain consumer reports at any time during my employment, for employment purposes.

I hereby release Mitchell County and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report hereby authorized.

In accordance with the Privacy Act (5 U.S.C. 552a), Freedom of Information Act and the Fair Credit Reporting Act, I expressly authorize any person associated with any educational institution, past or present Mitchell County (including federal/state/local governments), any military organizations (federal/state), any law enforcement agency (federal/state/local), any credit reporting agency, any private/public medical institution or office, or any person who has personal knowledge of my character, work history, medical history (including drug test results and/or applicable rehabilitation history) and overall mode of living to release this information to any background agency used by this company for the purpose of my being considered for employment. I hereby agree to release either company, its employees, agents and any other persons from any and all liability for damages of whatever kind of nature, whether known or

unknown, which may at any time accrue to me on account of 1) reliance by such persons or entities on the information submitted in my employment application, 2) reliance by such persons or entities on the information obtained pursuant to this authorization, 3) compliance with or any attempt to comply with this authorization and 4) termination of my employment based on information obtained pursuant to this authorization. I hereby authorize a copy of this release to be as valid as the original.

PRINTED NAME:			
First		Middle Last	
SIGNATURE:		DATE:	
COMPLETE RESIDENCE ADDRESS:			
		Street Number/P.O.Box	Street Name
City	State	Zip Code	County
SOCIAL SECURITY NUMBER			
DAYTIME TELEPHONE NUMBER			
DRIVER'S LICENSE NUMBER		STATE OF ISSUANCE	
DATE OF BIRTH*			

^{*}This information is voluntary. However, without this information, we will be unable to properly identify you in the event we have adverse information during the course of our background search. We comply with the Age Discrimination in Employment Act. Therefore, this information will not be used to discriminate on the basis of age.