

BACKGROUND CHECK AUTHORIZATION

I certify that I have received, read, and understand the *Background Check Disclosure, A Summary of Your Rights Under the Fair Credit Reporting Act* (provided with this Background Check Authorization).

I hereby authorize **Reyarp Inc.** to obtain from a consumer reporting agency, consumer reports and/or investigative consumer reports about me in connection with my application for employment, and if hired, at any time during the course of my employment, to the extent permitted by law.

I hereby authorize law enforcement agencies, public and private schools, federal, state and local agencies and courts, credit bureaus, information bureaus, current and former employers, financial institutions, licensing agencies, governmental agencies, the military, and other individuals and entities to provide any and all information that is requested by Reyarp, Inc.

_____ Last Name	_____ First Name	_____ Middle Name	
_____ Address			
_____ Maiden Name or Other Name Used	_____ Phone No.	_____ Email	
_____ Date of Birth	_____ Social Security No.	_____ Driver's License No.	_____ State Issued

List all cities, counties, and states in which you were a resident or employed during the past seven (7) years:

_____ Address	_____ City	_____ State	_____ Zip Code
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Address	_____ City	_____ State	_____ Zip Code

I agree that my electronic signature is the legal equivalent of my handwritten signature.

☐ Yes, I wish to receive a free copy of my report. Please send to my ☐email or ☐mail to address listed above.

_____ Signature	_____ Printed Name	_____ Date
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ADDITIONAL STATE LAW NOTICES

If you live, or are applying for a position in, any of the states listed below, please review the additional notice that applies to you concerning the Company's procurement of a background report about you from a consumer reporting agency (the "Agency").

California Only: The Company will procure the background report from the following consumer reporting agency or such other agency that the Company may retain in the future: Reyarp, Inc., 6630 FM 1463 Rd-Ste B500-213 Katy, TX 77494- (832) 841-7424. Reyarp Inc's privacy policy can be found at www.Reyarpinc.com. I understand that I have the right to access my file as maintained by Reyarp Inc., during normal business hours. By submitting proper identification and paying any duplication costs, I have the option of requesting a copy of my file via mail Info@reyarpinc.com subject line reading: ***Consumer request copy of report*** or via mail request at the address aforementioned. I also may receive a summary of the file by calling Reyarp Inc. The Company will have trained personnel available to explain my file as well as any coded information contained therein. A more detailed "Summary of Your Rights Under California Civil Code Section 1786.22" has been provided with this form.

Massachusetts Only: If you contact the Agency, you have the right to know whether the Company ordered an investigative consumer report about you. You also have the right to receive a copy of any investigative consumer report that the Company has ordered when that report is complete.

Maine/Minnesota Only: Upon written request, the Agency will make a complete and accurate disclosure of the nature and scope of the report provided to the Company. Minnesota law requires the Agency to provide this disclosure within five days after the request is received or the consumer report is requested, whichever is later.

New Jersey Only: Upon request, the Agency will send you a copy of any investigative consumer report about you received by the Company.

New York Only: I hereby acknowledge that I have received and read a copy of Article 23A of the New York Correction Law. I understand that upon written request, I will be advised by the Company if any further checks are requested and will be provided by the Company with the name and address of the consumer reporting agency. I may receive and inspect a copy of the report by contacting the Agency.

Washington Only: If you make a written request to Company within a reasonable time of this notice, the Company will provide a complete and accurate disclosure, in writing, of the nature and scope of any investigative consumer report that has been requested. The Company will provide the disclosure, by mail or otherwise, within five days after receiving your request or after requesting the report, whichever is later. You also have the right to ask the Agency to provide you with a summary of your rights under the Washington Fair Credit Reporting Act.

Signature

Printed Name

Date

BACKGROUND CHECK DISCLOSURE

In connection with your application for employment, or if you are hired, at any time during your employment for other employment purposes, to the extent permitted by applicable law, **Reyarp Inc.** (hereinafter “the Company”) may seek background information about you from a consumer reporting agency. This information may be in the form of consumer reports and/or investigative consumer reports.

The scope of the reports may include information concerning your character, general reputation, personal characteristics, and mode of living. The reports may also contain information about your motor vehicle records, civil and criminal court records, educational history, employment history, credit history, personal references, social media activities, and other background information. The information in the report will be obtained from private and public records sources, and in the case of an investigative consumer report, will include personal interviews as described above.

You have the right to request information about the nature and scope of any investigative consumer report about you that is requested by the Company. The request must be made in writing and within a reasonable period of time after you have received this disclosure.

I acknowledge receipt of this Background Check Disclosure and certify that I have read and understood this document.

Signature

Printed Name

Date