



AUTHORIZATION TO OBTAIN INFORMATION

I hereby authorize all corporations, companies, credit agencies, schools, government agencies, persons, military services, and former employers to release information they may have about me to Workway or its agents and employees, and release all persons or companies from any liability or responsibility from doing so.

In addition, I authorize the procurement of a consumer report, credit check, and/or investigative consumer report. I understand that such a report may contain information about my background, character, and personal reputation. I understand that this notice will also apply to any future update reports.

The report(s) may include the following types of information: credit information, including creditworthiness, credit standing or credit capacity; education verification and history; job verification and history; motor vehicle records; civil records, including writs and warrants; social security information; criminal records; background checks from court records; information regarding my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of my past employment from previous employers.

I understand that occasionally Workway may receive a request from a client for whom I am providing services or may be in the future for information obtained during these investigations. I hereby authorize Workway to disclose this information to such clients. This information to include, but is not limited to, consumer investigative reports and criminal, education or employment history.

I understand the Federal Fair Credit Reporting Act affords me specific rights regarding investigative consumer reports, and that the official summary of those rights is available at <http://www.ftc.gov/os/statutes/fcra.htm>

Certification

I read this form carefully, acknowledge that I understand its contents, and authorize Workway to obtain the report(s) and information identified in this document.

Name: _____
(Please Print)

Current Address Since: _____
MO/YR NUMBER/STREET NAME APT. # CITY STATE ZIP

Previous Address From: _____
MO/YR NUMBER/STREET NAME APT. # CITY STATE ZIP

Previous Address From: _____
MO/YR NUMBER/STREET NAME APT. # CITY STATE ZIP

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____ State: _____

Previous Legal Names Used In the Last 7 Years: _____

Signature: _____ Date: _____

Notice to California Residents: You have the right to obtain a copy of any investigative report obtained by Workway. If you wish to receive a copy, please check this box