

**CONSUMER AUTHORIZATION
for Background Investigation**

1. In connection with my application for employment, I hereby authorize **GoodFaith Medical Transportation Co., Inc** to request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me to furnish the consumer reporting agency or bearer with any and all information as to my character, general reputation, personal characteristics, and mode of living in connection with my application for employment. This information may reveal my work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment.

2. I further authorize **GoodFaith Medical Transportation Co., Inc** to obtain information and records that includes, but is not limited to, credit history, criminal record, civil matters, driving record, previous employment, education verification, and professional license verification. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Information is being procured from:

USA-FACT, Inc. ■ 6200 Box Springs Blvd. ■ Riverside, CA 92507 ■ 800.547.0263

3. In exchange for the employer's consideration of my employment application, I agree not to file or pursue any complaints, claims or legal actions of any kind against USA-FACT for providing the aforementioned information. I also agree not to file or pursue any complaints, claims or legal actions against **GoodFaith Medical Transportation Co., Inc** or any of its employees, representatives, or agents arising out of or in any way related to conducting a reference check or background investigation.

4. I am consenting that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based on this authorized request. I understand this authorization is to be part of the written employment application that I sign.

5. I have been given a stand-alone consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for **GoodFaith Medical Transportation Co., Inc** to procure consumer reports or investigative consumer reports at any time during my employment period.

6. I am entitled to receive a free copy of my consumer report before any adverse decision of possible employment is made because of information obtained within my report.

I request a copy of my consumer report
 I waive my right to a copy of my report

Print Name:			
Signature:		Today's Date:	
Mailing Address:			
City, State, Zip:	Telephone No. (include Area Code) ()		
AKA's: (maiden name, etc.)	Date of Birth (for id purposes only)		
Social Security Number (for id purposes only)			
Driver's License Number:	State of issue:		
The following States require sex and race information: GA, ID, MT			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES and SEPARATELY FROM PERSONNEL RECORDS.			