

K-LAK CORPORATION (ESS)

BACKGROUND SCREENING REQUEST FORM

Delaware Office/Operation Center
Post Office Box 7033, Wilmington, DE 19803-0033
PHONE: (302) 764-5826 / FAX: (866) 283-5053 / ALT FAX: (302) 764-5827

(K-LAK CUSTOMER USE ONLY)

DATE: _____ TIME: _____ CUSTOMER #: _____

APPLICANT'S NAME: _____ K-LAK SPECIALIST: _____

COMPANY WHO IS ORDERING THE REPORT: _____

APPLICANT INFORMATION: (**Please type or print legibly with ink**)

If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take 24 to 72 hours or longer to process.

LAST NAME: _____ FIRST: _____ MIDDLE: _____

MAIDEN NAME: _____ ALIAS NAME: _____

CURRENT ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ SOCIAL SECURITY NO.: _____

BIRTH DATE: _____ MALE: _____ *FEMALE: _____ RACE: _____

DRIVER'S LICENSE NO.: _____ STATE: _____ EMAIL: _____

PHONE NUMBER: _____ CELL NUMBER: _____

GOVERNOR JACK MARKELL HAS BANNED THE BOX FOR DELAWARE PUBLIC EMPLOYEES – SIGNED MAY 8, 2014, HB 167

This bill prohibits public employers in the state of Delaware from inquiring into criminal records of job applicants before their first interview by "banning the box" that asks job candidates to check if they have a criminal record. The full text of House Bill 167 at <http://news.delaware.gov/2014/05/08/governor-bans-the-bo-for-delaware-public-employees/>

Reports Requested: (Place checkmark next to report(s) requested and fill in appropriate information)

Nationwide Criminal Search

Motor Vehicle Records

Non-DOT Drug Testing (10 Panel)

License # _____ State: _____

(There will be an extra charge for positive results that go to our Medical Review Officer)

Are you currently taking any prescription medications? _____ Yes _____ No (If yes, please provide a Doctor's note).

Special Services/Reports:

E-Screen Medical

E-Screen Medical (Monitoring)

Nationwide Criminal Search (Monitoring)

DOT Drug Testing

Medical Review Officer (MRO)

Please contact your K-LAK specialist for additional information

APPLICANT'S LAST NAME: _____

CUSTOMER #: _____

APPLICANT AUTHORIZATION

Without reservation, I authorize K-LAK Corporation, your employer who is requesting the reports or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my fingerprints, credit, criminal, drug testing, motor vehicle, and other history at any time. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living. I understand that any false, misleading or criminal information discovered in the background investigation is sufficient cause for disqualification from employment or termination from employment.

Without reservation, I authorize the release of my information to K-LAK Corporation or other Agency concerning my criminal, motor vehicle, drug screening, credit and any other Background History for employment purposes only.

COMPANY: _____

CITY: _____ STATE: _____ ZIP CODE: _____

FAX : _____ PHONE: _____

CUSTOMER CERTIFICATION

I, _____, as an authorized representative of the above-mentioned Customer, do hereby **certify** that, in accordance with K-LAK Corporation Agreement, prior to ordering any report for employment purposes, the applicant, 1) authorized the procurement of the report(s), 2) received the FCRA Notice, 3) received the FTC "Summary of Your Rights Under the Fair Credit Reporting Act, 4) received the FCRA Disclosure, and that 5) in the event any adverse action is to be taken which is based in whole or in part on the report(s), **before** taking such action, the applicant will be provided with a copy of the report(s) including a written Summary of a Consumer's Rights under the FCRA, and 6) information from the report(s) will not be used in violation of any applicable federal or state equal opportunity law or regulation. Additionally, if an Investigative Report is ordered and for a permissible purpose **other than employment**, in lieu of steps 4, 5 and 6, I **certify** that (in addition to steps 1, 2 and 3) 4a) upon the applicant's written inquiry, the applicant will, within 5 days, be provided with a written, complete and accurate disclosure of the nature and scope of the requested investigation and 5a) the applicant will be notified of any adverse action based in whole or in part on the report(s) in accordance with the Act.

This is to inform you that as part of our procedure for processing your employment application, we may obtain a consumer report and/or an investigative consumer report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of the foregoing notice and a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act." This is to inform you that as part of processing your application, a consumer report may be obtained for employment purposes.

I understand that inquires may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living. By signing this release form, I agree to all the terms above.

This is a legal document. Please have any term you do not understand fully explained to you so that you understand the document that you are signing. Your signature below will indicate that you have read I hereby certify that the above information is correct and complete to the best of my knowledge and belief. I understand that, if I am employed, I will be liable to dismissal if any of the statements in my application are found to be deliberately misleading.

PRINT FULL NAME: _____

SOCIAL SECURITY NO.: _____ *DATE OF BIRTH: _____

SIGNATURE: _____

*This information is requested by K-LAK Employment Screening Services solely for purposes of ensuring accurate retrieval of records.