

*Office of the Sheriff*

Vicki Johnson  
Civil Clerk

Len Humphries  
SHERIFF

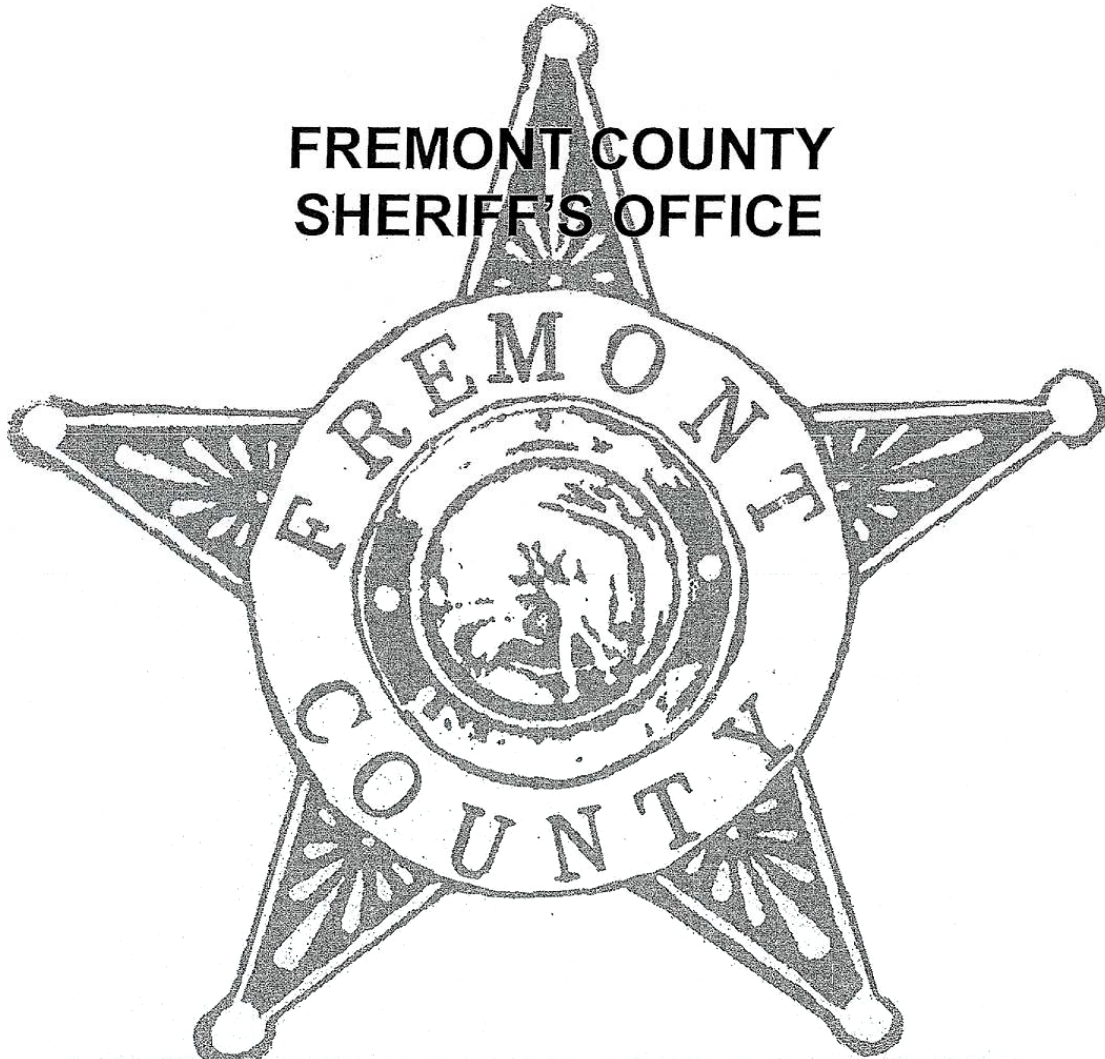
Thad Garner  
Chief Deputy

Fremont County  
146 N. 2<sup>nd</sup> West  
ST. ANTHONY, IDAHO 83445

(208) 624-4482 FAX: (208) 624-4485

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**FREMONT COUNTY  
SHERIFF'S OFFICE**



**APPLICATION FOR EMPLOYMENT**

TO PROTECT AND SERVE  
**NOTICE TO APPLICANTS**

Thank you for your interest in applying for a position with the Fremont County Sheriff's Office. Applicants who will be considered for employment may be required to submit to a written exam, oral interview, physical fitness test (P.O.S.T. certifiable positions only), polygraph, psychological and medical testing, including drug screen, eye and hearing examinations, and will be subject to a thorough background investigation.

In order for you to be considered for employment with the Fremont County Sheriff's Office, you must meet the following criteria:

1. High school diploma or equivalent. Preference will be given to those with P.O.S.T. Certification, college credits, and/or other law enforcement-related experience.
2. Preferably 21 years of age or older.
3. P.O.S.T. certifiable, which requires the following:
  - a. Valid Idaho drivers license.
  - b. No more than five (5) moving citation convictions in the last five years.
  - c. No DUI or DWP convictions in the last five (5) years.
  - d. Meet P.O.S.T. physical fitness requirements (P.O.S.T. certifiable positions only).
  - e. No felony convictions of any kind.
4. Drug criteria:
  - a. No usage of marijuana in the last five (5) years.
  - b. No usage of any other illegal drug in the past ten (10) years.
  - c. No usage of any illegal drug after the age of twenty-one (21).
5. Must be able to pass a written exam.
6. Must be able to pass P.O.S.T. physical fitness test.
7. Must be able to pass polygraph test and/or psychological test.

POSITION APPLIED FOR:

\_\_\_\_\_ Detention Officer  
\_\_\_\_\_ Dispatcher  
\_\_\_\_\_ Clerical  
\_\_\_\_\_ Other: \_\_\_\_\_

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

**Authority to Release Information**

NAME IN FULL (Print): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

Having made an application of employment with the Fremont County Sheriffs Office, and desiring them to be fully informed as to my previous record and character, I hereby authorize them to conduct a thorough background investigation to gather information which may include historical data regarding my previous residence, schools attended with GPAs and degrees earned, military service and separation, present and past employers including performance history, previous applications to other law enforcement agencies, personal and professional references, credit and financial reports, criminal and traffic history, and any other sources that the Fremont County Sheriff's Office deems appropriate.

I authorize the release of any information, whether the same is of record or not, and authorize photostat or digital copies to be released to the Fremont County Sheriff's Office pursuant to their investigation. A copy of this release shall be as valid as the original document. This information is to be used to assist the Fremont County Sheriff's Office in determining my qualifications, eligibility and fitness for the position of a certified Peace Officer in the State of Idaho or a supporting law enforcement or civilian position.

I also understand and agree that all information received by the Fremont County Sheriff's Office in connection with this application and background investigation is confidential and shall not be disclosed to me. Further, I hereby release you, your organization or others, from any liability or damage which may result from furnishing the information requested.

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

**Fremont County Sheriff's Office  
Application for Employment**

Fill out this application completely and accurately. All statements in your application are subject to verification. Incorrect statements may bar or remove you from employment. Include a copy of your diploma, college degree, DD214, certificates and any other pertinent documentation with this application.

Name: (Please print)

\_\_\_\_\_

First

Middle

Last

List any other names you have used or been known as: (i.e. maiden names, previous marriages, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone #:

\_\_\_\_\_

Home

Business

Cell

Social Security #: \_\_\_\_\_

Are you at least 21 years of age? \_\_\_\_\_  
 Do you have relatives employed  
 by the Fremont County Sheriff's Office?

Are you a citizen of  
 the United States? \_\_\_\_\_  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please name: \_\_\_\_\_

Do you object to wearing a uniform? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you object to working shift work? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Do you have experience with shift work? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have your employers always treated you fairly? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Were you ever discharged or forced to resign because of  
 misconduct or poor performance? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, explain: \_\_\_\_\_

Have you ever been denied employment by a criminal  
 justice agency or rejected for a civil service position?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

Are you on any eligibility lists now? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever submitted an application with the Fremont  
 County Sheriff's Office? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, give date: \_\_\_\_\_



**ARREST RECORD/CRIMINAL RECORD**

Have you ever been arrested or detained by law enforcement? Yes \_\_\_\_\_ No \_\_\_\_\_

Date	Charge	Agency	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever used a marijuana product? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when was the last time? \_\_\_\_\_

Have you ever used any illegal controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when was the last time? \_\_\_\_\_

Have you ever taken a prescription that was not prescribed for you by a medical doctor? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever sold any amount of illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you consume alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any relatives who have criminal convictions? Yes \_\_\_\_\_ No \_\_\_\_\_

For what crime(s)? \_\_\_\_\_

Have you ever had a financial judgment against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**DRIVERS LICENSE INFORMATION**

State: \_\_\_\_\_ Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Has your drivers license ever been suspended or revoked in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been denied a drivers license in any state or placed on probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

List any traffic violations you have received:

Date	Charge	Agency	Disposition
_____	_____	_____	_____
_____	_____	_____	_____

List any motor vehicle accidents that you have been involved in as a driver:

Date	Location	Agency	Cause of Accident
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION**

(Attach additional sheets of paper if needed)

School Name/Location Course of Study Years Diploma/Degree

High School \_\_\_\_\_

College(s) \_\_\_\_\_

Graduate/Professional \_\_\_\_\_

Other (Specify) \_\_\_\_\_

List any special training you have received that would assist you in this job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any hobbies, special skills or abilities you have, including speaking foreign languages:

\_\_\_\_\_  
\_\_\_\_\_

Do you have computer knowledge? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you type? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, words per minute: \_\_\_\_\_

With proper training and supervision, are you capable of performing in a reasonable manner, ALL of the essential job functions required of you as a law enforcement officer, unassisted and without delay? Yes \_\_\_\_\_ No \_\_\_\_\_

**MILITARY**

If no military, list selective service # \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

Branch of service: \_\_\_\_\_ Dates of service: \_\_\_\_\_ Location: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ Date of discharge: \_\_\_\_\_

Medals/Decorations received: \_\_\_\_\_

List any formal disciplinary action taken against you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Date you would be available for work: \_\_\_\_\_

**List all jobs you have had within the last ten (10) years.** List your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time and sequence and temporary part-time jobs.

*Please complete all information. Failure to do so may nullify application.*

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Exact Title  
or Position \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Exact Title  
or Position \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Exact Title  
or Position \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Exact Title  
or Position \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Exact Title  
or Position \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Exact Title  
or Position \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Exact Title  
or Position \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per hour Reason for Leaving: \_\_\_\_\_

## REFERENCES

List five persons who are not related to you, and who are not former employers, who have known you closely for at least five years. All persons to whom you refer may be asked to appraise your character, ability, experience, personality and other qualities.

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

## ACQUAINTANCES

List three persons not related to you, and not former employers or references, who are friends, fellow students, or fellow workers, who have seen you frequently in the past year.

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

Name and Address	Telephone	Occupation	Years Known
Home:			
Business:			

## ENTRY LEVEL PHYSICAL FITNESS STANDARDS

The following physical fitness requirements have been established by Idaho Peace Officers Standards and Training (P.O.S.T.). You will be required to pass the physical fitness portion of the testing process with a minimum score of 50 points. The 50 points will be accumulated in 5 different components of the physical fitness test. You must score a minimum of 10 points in each component of the physical fitness test. There is a maximum of 20 points possible in each of the 5 components of the physical fitness test for an overall total of 100 points possible. Each of the 5 tests measures a different component of physical fitness, each of which is one determinant of an officer's ability to perform essential job tasks.

Fitness Category	POINTS	Vert. Jump (inches)	1-Min. Sit-ups (reps.)	Pushups (reps.)	300 Meter (seconds)	1.5 Mile (min:sec)
	20	21.5 +	55 +	62 +	48.0 -	9:57 -
Excellent	19	20.5 - 21.0	51 - 54	56 - 61	48.1 - 51.0	9:58 - 10:50
	18	19.5 - 20.0	47 - 50	50 - 55	51.1 - 54.0	10:51 - 11:43
Good	17	18.5 - 19.0	43 - 46	44 - 49	54.1 - 57.0	11:44 - 12:36
	16	17.5 - 18.0	39 - 42	38 - 43	57.1 - 59.0	12:37 - 13:29
Average	15	16.5 - 17.0	35 - 38	32 - 37	59.1 - 62.0	13:30 - 14:20
	14	16.0	31 - 34	30 - 31	62.1 - 65.0	14:21 - 14:56
	13	15.5	27 - 30	28 - 29	65.1 - 68.0	14:57 - 15:32
Below Avg.	12	15.0	23 - 26	26 - 27	68.1 - 71.0	15:33 - 16:08
	11	14.5	19 - 22	23 - 25	71.1 - 74.0	16:09 - 16:43
Minimum Acceptable	10	14.0	15 - 18	21 - 22	74.1 - 77.0	16:44 - 17:17
Substandard	0	< 14.0	< 15	< 21	> 77.0	> 17:17

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. **You are entitled to a free file disclosure if:**
  - A person has taken adverse action against you because of information in your credit report
  - You are the victim of identity theft and place a fraud alert in your file
  - Your file contains inaccurate information as a result of fraud
  - You are on public assistance
  - You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005, all consumers will be entitled to one free disclosure every 12 months, upon request, from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than ten years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National Banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20561 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration A775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20250 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator –GIPSA Washington, DC 20250 202-720-7051

## Workforce Identification Card

Subject: Affirmative Action

In compliance with federal regulations, Fremont County is required to gather and maintain statistics for use in completing its annual Equal Employment Opportunity report. To ensure that our statistics are accurate, we would like each employee to complete the attached card, sign or initial it with the date, and return it as soon as possible. The information may be faxed to 208-624-7335. If you choose not to complete the card, you may leave it blank, but please sign the card and return it.

The information volunteered by you will not be placed in your personnel file and shall be kept confidential, except that; 1) Supervisors and Managers may be informed regarding restrictions on the work or duties of individuals with handicaps; and 2) government officials investigating compliance shall be informed.

If you have questions, please call 208-624-7332.

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Employee Name: \_\_\_\_\_

### Affirmative Action Identification

1. Sex

- Male
- Female

2. Ethnic Background

- Caucasian
- Asian or Pacific Islander
- African American
- Hispanic
- American Indian or Alaskan Native

3. Veteran Status

- Not a Veteran
- Veteran of the Vietnam-Era
- Special disabled Veteran
- Other Veteran
- Active Military Duty (i.e., Reserves, etc.)

4. Disability Status

- Not Disabled
- Person of Disability, if yes, please describe condition \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**APPLICANT'S DISCLOSURE & CONSENT RELEASE OF INFORMATION**

**Applicant Information**

*\*\*Print Clearly\*\**

**Account Number: 101-103109**

Applicant Name: ( First Middle Last)	Current Address: ( Street Address)
Other Names Used: (Like Maiden)	City: State: Zip:
*Gender: ( Circle one) MALE FEMALE	Former Address: (1)
*Social Security No.:	City: State: Zip:
Driver's License No.: State:	Former Address: (2)
*Date Of Birth: Place Of Birth: ( City, State, Country)	City: State: Zip:
Admitted Record: ( Date Charge County )	

*\*\*This information will be used for purposes of background screening only and will not be used in making any employment decisions.*

**NOTICE AND ACKNOWLEDGMENT [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]**

NOTICE REGARDING BACKGROUND INVESTIGATION

**109 - Fremont County** may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates, including motor vehicle record (or "driving record") checks, workers compensation records, credit bureau files, employment references, personal references, drug screening, any educational and licensing institution or military branch and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Idaho or any other State. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Ahead Of The Kurve, 102 South 17<sup>th</sup> Street Suite 100, Boise, ID 83702, 208-331-5057 and its or and agents. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [the consumer reporting agency], another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

**APPLICANT:**

Signature: \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Print Name: \_\_\_\_\_

**Package Option Kurve US**

Search includes:

- NSSS (National Social Security Search)
- County / Statewide Criminal History Search
- (1 ) current county of residence or statewide search where recommended/available
- Multi-State Criminal History Search
- Multi-State Sex Offender Search
- Patriot Act
- OFAC Watch List Scan

<b>NSSS (NATIONAL SOCIAL SECURITY SEARCH)</b>	Per SSN	<input type="checkbox"/>
<b>CRIMINAL HISTORY – COUNTY/STATEWIDE</b>	Per jurisdiction/per name	<input type="checkbox"/>
<b>CRIMINAL HISTORY – FEDERAL</b>	Per jurisdiction/per name	<input type="checkbox"/>
<b>MULTI-STATE CRIMINAL SEARCH</b>	Per name	<input type="checkbox"/>
<b>MULTI-STATE SEXUAL OFFENDER SEARCH</b>	Per name	<input type="checkbox"/>
<b>EMPLOYMENT VERIFICATION – BASIC</b>	Per employer	<input type="checkbox"/>
<b>EMPLOYMENT VERIFICATION – EXPANDED</b>	Per employer	<input type="checkbox"/>
<b>EDUCATION VERIFICATION</b>	Per institution	<input type="checkbox"/>
<b>PROFESSIONAL LICENSE VERIFICATION</b>	Per license	<input type="checkbox"/>
<b>DRIVING HISTORY (MVR)</b>	Per state	<input type="checkbox"/>
<b>DRIVING HISTORY (CDLIS)</b>	Each	<input type="checkbox"/>
<b>CIVIL COURT SEARCH</b>	Per jurisdiction/per name	<input type="checkbox"/>
<b>WORKER’S COMPENSATION HISTORY</b>	Per state	<input type="checkbox"/>

NOTE: All prices exclude surcharges and other fees levied by federal, state, county, other governmental agencies, educational institutions, employer and educational verification lines and licensing agencies out of pocket charges, fees and expenses, including but not limited to registry fees, school transcripts, court fees, state fees and 900# fees incurred. Such charges, fees and expenses will be passed through to User for payment in addition to the listed price.

All prices are based on domestic usage. International pricing is available upon request and is subject to adjustments based on the common laws of the country of request. A \$25.00 surcharge will be added to all international verifications.

Package pricing is available and will be invoiced as such only when the services requested are identical to the services provided in the package. Upon submittal of requested services, any deviation from the package will revert to the a la carte pricing as listed above.

\_\_\_\_\_  
Authorized Signature - Employer

\_\_\_\_\_  
Printed Name Date