

**WOLFE REALITY CHECK CONSUMER REPORT and**  
**INVESTIGATIVE CONSUMER REPORT DISCLOSURE**  
**(FOR EMPLOYMENT PURPOSES)**

In connection with your employment or application for employment (including contract for services) and continued employment with us and in accordance with applicable laws, a consumer reporting agency ("Agency") may obtain or assemble consumer reports and/or investigative consumer reports (collectively, "Reports") which may include information about you related to previous employment (including employers, dates of employment, salary information, reasons for termination, etc.), accident history, academic history, verification of references and other information supplied by applicant, professional credentials, drug/alcohol use in violation of law and/or company policy, driving record, workers' compensation claims, criminal history records, information about your character, general reputation, personal characteristics and mode of living (collectively, "Information"). Information may be obtained from government agencies, educational institutions, Agency clients, personal references, personal interviews and other information suppliers (collectively, "Suppliers"), and any report of an interview between the Agency and you.

**PART I - AUTHORIZATION FOR RELEASE OF INFORMATION (FOR EMPLOYMENT PURPOSES)**

I hereby authorize Agency to receive information and disclose such information to its customers for the purpose of making a determination as to my eligibility for employment, promotion, retention or other lawful purpose. If hired or contracted, I authorize Agency and to retain this document on file to act as ongoing authorization for the procurement and possession of Reports at any time during my employment or contract period. I fully release Agency and Suppliers from all claims of damages related to the investigation of my background and provision of information as set forth in this disclosure and authorization. I agree that information in Agency's possession may be supplied by Agency for legally permissible purposes; provided, such information will not include the Drug and Alcohol information set forth above, unless I have given a separate specific consent for Agency to share such information.

By signing below, I certify that: (i) all information provided herein is complete and accurate; (ii) I have read and fully understand this disclosure and authorization for release; (iii) prior to signing I was given an opportunity to ask questions and to have those questions answered to my satisfaction; (iv) I execute this authorization voluntarily and with the knowledge that the information obtained pursuant to this authorization could affect my eligibility for employment, promotion, retention or other lawful purpose; (v) I understand I may review this document with legal counsel prior to signing; (vi) I authorize Agency and any person or entity contacted by Agency to furnish the above mentioned information; and (vii) facsimile or photographic copies of this authorization are as valid as the original

I understand that if I do not consent, any offer of my employment or contract will be withdrawn. If hired failure to cooperate with you or Agency regarding a current or future report will be cause to terminate my employment or contract.

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

LEGAL Printed Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

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

Driver's License STATE & #: \_\_\_\_\_

Today's Date: \_\_\_\_\_