



## AUTHORIZATION AND RELEASE FOR BACKGROUND CHECK

**ON TRAC, INCORPORATED / WINDSOR HR SERVICES** ("the Employer") has informed me that the Employer may obtain a "consumer report" or "investigative consumer report" pertaining to me, in connection with the evaluation of my qualifications for employment, promotion, reassignment, or retention as an employee or contractor of the Employer's. The Employer has also informed me of the following: (1) that a "consumer report" consists of any written, oral, or other communication of information by a consumer reporting agency bearing on a person's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living; (2) that an "investigative consumer report" is a consumer report or portion thereof in which information on a person's character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the person reported on, or through personal interviews with others with whom he/she is acquainted or who may have knowledge concerning such items of information; (3) that the Employer will be utilizing Information on Demand, Inc. (IOD), a consumer reporting agency, to assist in conducting an investigative consumer report pertaining to me; (4) that, in conducting their investigation, the Employer and IOD may contact my neighbors, friends, associates, and other people who may have knowledge of my personal, employment, or educational background; and (5) that the Employer and IOD may obtain information concerning, among other things, my character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information.

*I hereby authorize the Employer to procure, and IOD to prepare, a consumer report and/or investigative consumer report pertaining to me. I further authorize the Employer and IOD to conduct an investigation into my personal, employment, and educational background for purposes of the preparation of such reports.*

*I further authorize the Employer and IOD, in conducting their investigation, to contact my neighbors, friends, associates, and other people who may have knowledge of my personal, employment, or educational background, and for the Employer and IOD to obtain information concerning, among other things, my character, general reputation, personal characteristics, mode of living, diplomas, degrees, licenses, transcripts, credit history, driving record, employment history, criminal arrests and convictions, motor vehicle violations, records of civil judgments, tax liens, and bankruptcy information. I further authorize IOD to provide the Employer with the information that IOD obtains pursuant to its investigation.*

*In authorizing this investigation, I will voluntarily provide the supplemental data if requested on the attached Supplemental Data Form, to ensure that any records which are located which may refer to a person with a name that is identical or similar to mine are properly determined as referring to, or not referring to, me. I understand that I do not have to provide the supplemental data, and that if I do it will be used only in connection with this investigation.*

*I hereby release the Employer, IOD, and any persons providing information to the Employer or IOD from any and all liability that may arise in connection with the above-described background investigation.*

*If I am hired as an employee or retained as a contractor, this authorization will remain on file and shall serve as an ongoing authorization for the Employer to obtain consumer reports and investigative consumer reports at any time during my employment or contractual relationship with the employer. I further agree that copies of this Authorization and Release that show my signature are as valid as the original Authorization and Release that I have signed.*

*Before signing this Authorization and Release, I have had the opportunity to review this document with anyone of my choosing, including an attorney.*

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**Applicant Full Name**

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**Social Security #**

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**Driver License # & State**

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**Applicant Signature**

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**Date of Birth**

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**Today's Date**