



FAIR CREDIT REPORTING ACT AUTHORIZATION

I have read and understand the separate Fair Credit Reporting Act Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for employment and, if I am employed, in considering me for subsequent promotion, assignment, reassignment, retention, or discipline. By my signature below, I authorize the Company to obtain any such records and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

Complete Screening Agency can be reached at:
2951 NW Division St., Suite 240
Gresham, OR 97030
1-800-827-3130

California applicants or employees only: Please check this box if you wish to receive a copy of an investigative consumer report or consumer report at no charge if one is obtained by the Company pursuant to California law.

First Name:	Middle Name:	Last Name:	Maiden Name/Alias
Current Address:			
City:	State:	Zip:	
Date of Birth:		SSN:	
Driver's License Number:		State Issued:	

Applicant Signature:	Date:
Signature of Parent/Guardian:	Date: