

EMPLOYMENT NOTIFICATION AND ACKNOWLEDGMENT

The purpose of this release is to allow the Wings Center (referred to as "Company"), Professional Screening & Information, Inc. (PSI), or their assigns, to obtain pre-employment information as part of my application for employment, which may include any lawful investigation not limited to my educational, criminal, driving, credit, and employment histories, while maintaining compliance with all governmental laws. I also consent to the company obtaining such information if I am employed by the company for any employment purpose.

If the Company considers the background investigation unfavorable, I agree that the Company may deny me the assignment or discharge me from employment. I release the Company, PSI, its officers, agents, employees, and assigns from all liability resulting from the collection, use, storage, or discharge of information obtained for pre and post-employment, promotion, reassignment, and/or retention as an employee. A copy of PSI's Privacy Policy can be found at <http://www.psibackgroundcheck.com/privacy-policy.shtml>.

I also agree that this Notification and Acknowledgement 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.

CA, MN and OK residents only: Check here if you would like to receive a copy of your report

I certify that the information contained below is complete and true. I have read this Notification and Acknowledgment, understand its terms, realize its significance, consent to a background investigation as part of the application process and if employed, during my employment as well, and sign this form voluntarily.

Applicant Signature: _____ **Date:** _____

THE INFORMATION BELOW BEING REQUESTED IS FOR BACKGROUND INVESTIGATION PURPOSES ONLY AND WILL NOT BE USED FOR ANY OTHER PURPOSE.

PLEASE PRINT

Name (First, Middle, Last): _____

Maiden Name (First, Middle, Last): _____ Dates Used (from-to): _____

Social Security Number: _____ - _____ - _____ Drivers License #/State: _____

Position Applied For: _____ Home #:() _____ Work #:() _____

*(Optional): Race: _____ Sex: Male Female Date of Birth (Month-Day-Year): ____ - ____ - ____

Current address

Month/Year

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

Chronologically list all places of residence for the past seven years

Month/Year

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

• Street: _____ From: _____

City, State (County), Zip Code: _____ To: _____

COMPANY USE ONLY

Client: Wings Center

Location: Office

Note:

- ✓ For all Motor Vehicle Reports, please fax a copy of the applicant's driver's license.

Please fax or email completed form to 706.235.6452 or staff@psibackgroundcheck.com

FCRA Disclosure and Authorization

- Under the FCRA (Fair Credit Reporting Act), before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization
- I am aware I have the right to make a written request to Professional Screening & Information, Inc., Post Office Box 644, Rome, Georgia 30162; call them collect at 1-877-235-7574, or contact them via the internet at www.psibackgroundcheck.com to obtain a free copy of my background investigation, within a reasonable period of time, **if an employment decision has been influenced by information contained in a background investigation report.**
- In addition, a summary of your rights will be made available to you under the Fair Credit Reporting Act.
- California, Oklahoma, and Minnesota residents are entitled to a free copy of their consumer report upon request and will be provided with a separate Notification and Acknowledgement form to complete.

By signing below I certify that I have carefully read and understand this Disclosure and Authorization.

Applicant Signature: _____

Date: _____