

RELEASE AND CONSENT TO OBTAIN CRIMINAL HISTORY RECORD

In connection with my application for employment with Easter Seals East Texas, I hereby authorize the Company, its agent, or its successor to conduct a personal background investigation by obtaining information -- written, oral, or other -- from a consumer reporting agency bearing on my character, general reputation, personal characteristics, mode of living, credit history or background, criminal background, and driving record. I understand that this investigation may include interviews with employers, references, friends, acquaintances, or others who may have relevant information and that this report will be used for employment purposes, including evaluating me for employment, promotion, reassignment, or retention as an employee of the Company. I understand that I have a right to request disclosure of the nature and scope of the report, including the name, address, and phone number of the consumer reporting agency, if the report involves personal interviews with sources such as my friends, acquaintances, or others who may have relevant information. Finally, notwithstanding anything else in this document, I understand the Company reserves the ability to avail itself of any rights set forth in any applicable federal, state, or local law, including the Fair Credit Reporting Act, as amended by the Fair and Accurate Credit Transactions Act (the "FACT Act").

I understand that the background investigation may involve contacting employers, personal references, law enforcement agencies, the Department of Motor vehicles, credit bureaus other governmental agencies, and other individuals, companies, and entities concerning information about me. I authorize any employer, reference, law enforcement agency, the Department of Motor Vehicles, credit bureau, other governmental agency, or other individual, company, or entity contacted by the Company's consumer reporting agency, to release information to the consumer reporting agency.

I hereby affirm that the information provided on this Release and Consent Form is true and completed to the best of my knowledge.

I release the Company, its consumer reporting agency, and their officers, agents and employees from all liability resulting from the use or disclosure of the information obtained during the above investigation. I understand that the Company may, at its sole discretion, deny me employment or discharge me from employment should it receive information from the investigation that it considers unsatisfactory.

Please indicate below, your address, and length of time at each address for the past seven years, as well as any names (other than your current name) used in the past seven years.

Full Name with Middle Initial: _____

Date for Birth: _____ Social Security Number: _____

Maiden Name: _____ Previous Married Names: _____
(list all)

Name	Street Address	Months/Years
	City State Zip	County

Name	Street Address	Months/Years
	City State Zip	County

Name	Street Address	Months/Years
	City State Zip	County

Name	Street Address	Months/Years
	City State Zip	County

Yes No

I have read the Release and Consent Form, understand and agree to its terms, and authorize the Company, its successor, or its agent to secure information from a consumer reporting agency as described above.

Applicant Name

Witness Name

Applicant Signature

Witness Signature

Date

Date

This form to be printed on a page by itself, with no printing on the back. Not to be stapled to, or paginated so as to be part of, the application form.