

ASURINT GUIDELINES FOR DISCLOSURE AND AUTHORIZATION RELEASE TO OBTAIN INFORMATION

Attached is sample language recommended for employers to use when investigating background and employment history. It may also include, but is not limited to, credit information reports, criminal history reports and driving history records. FTC Notice to Users of Consumer Reports: Obligations of Users under the FCRA indicates the Disclosure must be furnished in a document separate from the Authorization.

This is not meant to provide legal advice of any kind. Legal advice should be sought from your attorney. We make no claims, promises or guarantees about the accuracy, completeness, or adequacy of the information contained herein. We make no warranty that this form is appropriate for your particular needs.

Asurint requires that the signed releases be retained by the requester for 5 years in accordance with audit provisions. It is suggested that all releases include a time frame describing amount of time release will be valid. A specific number of years or the phrase such as "over the course of my employment" should be included.

It is recommended that the release include some language regarding frequency of how often a report will be ordered. It is acceptable to use a term such as annually, yearly or periodically over the course of my employment.

Guidelines and State Specific Retention Requirements

Suggested State-Specific Amendment:

- California, Oklahoma, Massachusetts, Minnesota, New York, Maine, Washington, and New Jersey residents only: If you are a current resident of CA, OK, MA, MN, NY, ME, WA, or NJ, you have the right to receive a copy of any consumer report pertaining to you that is obtained by us from a consumer reporting agency. If you would like a free copy of any report that is obtained or prepared, please check the box.

Suggested Amendment for DOT Employment Verifications:

If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to _____ (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

Josephine's Professional Staffing, Inc. - Disclosure

DISCLOSURE - Must be a clear and conspicuous written disclosure to the consumer before the report is obtained, in a document that consists solely of the disclosure. Sample language is shown below:

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

**Josephine's Professional Staffing, Inc. - Release
AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

In connection with my application for employment or continued employment at _____ (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.

Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.

I acknowledge that under provision of the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer report and/or investigative report. I acknowledge that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize, without reservation, any reference, agency, institution, firm, school, employer, or other applicable record source contacted by Josephine's Professional Staffing, Inc. or its agent, to furnish the information about me described in this release.

I hereby authorize Josephine's Professional Staffing, Inc. to obtain and prepare a consumer report and/or investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name: _____ Date: _____
Please print clearly

Full Name: _____
Signature

*******THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS*******

Current Address: _____

Maiden Names/Prior Names: _____

Social Security Number: _____ DOB: _____

DL Number: _____ DL State: _____ Exp Date: _____

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND.
LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS,
PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY
OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS
FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**