

Phone Number

**Email Address** 

## Acknowledgment & Authorization for Background Check

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION, A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and the DISCLOSURE FOR INVESTIGATIVE CONSUMER REPORT and certify that I have read and understand those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CRCA, Phone: 800-714-3919, Fax: 714-464-6179, 400 S. Ramona Avenue, Suite 205, Corona, CA 92879, (www.CRCAscreening.com) and/or Company itself. I agree that a facsimile, electronic (including electronically signed) or photographic copy of this Authorization shall be as valid as the original.

I understand that by signing this do	cument I am	authorizing:		
I am authorizing CRCA to con-	duct the backs	ground check(s) described	d above	
<ul> <li>I am consenting to receive an communications electronicall is not limited to your complete Letters, etc.</li> <li>You can also contact us to either by email at info@GRamona Avenue, Suite 20</li> </ul>	y. Email corrested Consumer o withdraw your CRCAscreening	spondence that you are a Report, 613 Notice, Pre-A our consent to receive any g.com or written letter su	uthorizing to receive may in Adverse and Post-Adverse Adverse and Post-Adverse Adverse and Post-Adverse Adverse Adverse Adverse Adverse and Inc.	clude but
Do <b>NOT</b> contact my current e	mployer		ke to obtain a copy of the re s required to mail applicant a cop	•
USA Applicants: I acknowledge receipt of the THE FAIR CREDIT REPORTING ACT and certinological acknowledge receipt of the USA: I acknowledge receipt of USA: I acknowledge rece	fy that I have read	and understand both of those do		ata from
Applicant's Name   Print	Aş	pplicant's Signature	Date	
Social Security Number	Date of Birth	Drivers License Numbe	er S	State

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**Current Address**