



Omega Compliance Solutions LLC
AUTHORIZATION FORM FOR CONSUMER REPORTS

In connection with your application for employment (including contract for services), understand that consumer reports or investigative consumer reports, which may contain public record information, may be requested or made compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. This information will, in whole or in part, be obtained from Omega Compliance Solutions LLC. 1614 Pioneer Way, El Cajon CA 92020 1-619-312-1545

A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or Photocopy of this authorization with your signature be accepted with the same authority as the original. You have the right to make a request of Omega Compliance Solutions LLC. upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request. You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, Workers Compensation or other persons or agencies having knowledge about you to furnish Omega Compliance Solutions LLC with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

For CA, OK, & MN APPLICANTS ONLY: You have the right to receive a copy of any consumer reports or investigative consumer reports should one be requested on you for employment reasons. If a copy of the consumer report is requested, it will be sent within three (3) days of the employer receiving the consumer report. If you wish to be furnished with a copy of your consumer and/or investigative consumer report should one be ordered, check the following box and provide email: _____

Print your Name: _____

Street Address: _____

City: State: Zip: _____

Social Security Number: _____

Driver's License State: License Number: _____

The following is for identification purposes only to perform the background check:

Date of Birth (MM/DD/YYYY): _____

Other or Former Names: _____

Signature: _____

Date: _____



**OMEGA
COMPLIANCE
SOLUTIONS**

Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Sections 604(b)(2)(A) of the Fair Credit Reporting Act, Public law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title ii, Subtitle D, Chapter 1, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations

Applicants Signature

Date

Print Name