ALLSTATE INVESTIGATIONS
AND SECURITY, INC.
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Simi Valley: 805-579-8184
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Pre-Employment Disclosure and Authorization to Obtain Investigative Consumer Report

Please fill out completely and print legibly

Applicant Name: _____

LAST, FIRST FULL MIDDLE

Name of Company requesting background: _____

(Hence forth referred to as "the Company")

I understand the requirements of the personnel screening program of the Company and do hereby consent to have an investigation made by Allstate Investigations (Reporting Agency) on behalf of the Company as to my employment qualifications and fitness. I agree to give any further information which may be required in reference to my past record.

I also authorize and request every person, firm, company, corporation, governmental agency, credit company, schools and/or institution of having control of any documents, records and other information pertaining to me, to furnish to the Company, its representatives and Allstate Investigations to inspect and make copies of such documents, records and other information. I understand and agree that all documents, records and other information furnished to the Company are privileged and confidential and the furnishing of such documents, records and other information and/or the contents thereof, shall not be a basis for any suit by me or on my behalf. I agree and understand that a photographic or faxed copy of this Authorization may serve as an original.

As an inducement to the Company to investigate and reach a determination relative to my employment qualifications and fitness, I hereby release, discharge and exonerate the Company, its agents and representatives, Allstate Investigations and any person or entity furnishing oral reports, documents, records or other information from any and all liability of every nature arising out of any such investigation, or out of the furnishing, inspection or use of such reports, documents, records and other information. I hereby certify that I understand and agree to the foregoing.

In accordance with the Fair Credit Reporting Act, the California Consumers Investigative and Credit Reporting Agencies Act and in accordance with the Federal Trade Commission staff opinions, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency including their toll free number, a statement that the action was based in whole or in part on information contained in the Report and written notice that I have the right, if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall the cost exceed the actual costs of duplication and mailing) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Allstate Investigations will provide me with the investigative information in my file during normal business hours in person or upon my written request, by certified mail to the above address.

I understand that Allstate Investigations is a Consumer Reporting Agency and it is Allstate Investigations' policy to not be involved in or make hiring decisions or recommendations: however Allstate Investigations will provide a written explanation of any coded information contained in my file. I understand that any Consumer Report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) of the Fair Credit Reporting Act as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that a request for workers' compensation information shall be after a conditional job offer is made and may include "any and all" inquiries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, any offer of employment, promotion or reassignment will be conditional upon the receipt of satisfactory information as required and that to be considered for employment, promotion or reassignment, I must authorize the procurement of such a report. **Note: A Credit Report may be accessed.**

Would you like a copy of your background report to be provided by this company: ☐ No ☐ Yes

Drivers License #_____DOB (used for identification purposes):_____

Social Security # _____ Other names used: _____

Current Address: _____

City/State/Zip: _____

Previous if less than 2 years: _____

_____

Signature (Full Name): _____ Date: _____

Company use only below this line

Please check optional information available at additional cost:

☐ Credit Report ☐ DMV ☐ Workers' Comp Search