



*Mobile Occupational Services, Inc.*

Partners for a Quality Workforce

11687 Hesperia Rd • Hesperia, California 92345 • (760) 244-6886

Questions 800-429-9333

Fax 760-244-6061

## Disclosure and Authorization Form

### Notice Regarding Background Information

Notice is hereby given that \_\_\_\_\_ (“Company”) intends to request Mobile Occupational Services, Inc. (“MOS”), an Investigative Consumer Reporting Agency, to obtain information about you in the course of the Company’s consideration of your application for employment, promotion, reassignment or retention. Thus you may be the subject of a consumer report / investigative consumer report as defined by the FCRA/ICRAA. These investigative reports include information about one’s character, general reputation, personal characteristics, and mode of living. This report is compiled through the following sources: education verification, license verification, names and dates of previous/current employment, work experience, work habits, work performance, workers compensation claims, criminal history, sex offenders lists, wants and warrants records, motor vehicle records, and military records. The information contained in an investigative consumer report will be obtained from private and/or public record sources, including sources identified by you or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. Reports may be obtained at any time after receipt of authorization and may be updated periodically if you remain an employee of the Company, as permitted by law.

The nature and scope of any investigative consumer report that may be requested is explained above. You have the right upon written request, made within a reasonable time after receipt of this notice, to request more information about the nature and scope by contacting the following: Mobile Occupational Services, Inc., 11687 Hesperia Rd., Hesperia, CA 92345 760-244-6886 800-429-9333 or by fax to 760-244-6061.

### Additional State Law Notices

If you live or are applying for a job in the state of California, Maine, or New York, please review these notices.

**CALIFORNIA:** Mobile Occupational Services, Inc. (MOS) will provide you with a copy of an investigative consumer report when required to do so under California law. When you provide proper identification you may view Mobile Occupational Services, Inc.’s file maintained on you by any of the following methods: by appearing in person at Mobile Occupational Services, Inc.’s office during normal business hours with reasonable notice, via telephone (upon receiving a written request for telephone disclosure), or by a requesting a copy by certified mail (MOS will not be liable for disclosures to third parties caused by mishandling of mail). If you appear in person one other person may accompany you, provided that person furnishes proper identification.

**MAINE:** You have the right upon request, to be informed of whether an investigative consumer report was requested. If a report was requested, you may be informed of the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our

receipt of your request, the name, address, and telephone number of the nearest unit designated to handle inquiries for the consumer-reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and properly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

**NEW YORK:** You have the right, upon written request, to be informed of whether or not an investigative consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

### Authorization

I acknowledge that I have carefully read and understand this Disclosure and Authorization form. By my signature below, I authorize the obtaining of consumer reports and/or investigative consumer reports prepared by Mobile Occupational Services, Inc. and its agents, to the Company. I understand my consent will apply now as well as throughout my employment with the Company, to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university, information service bureau, employer, and reference, to furnish any and all background information sought by Company or by Mobile Occupational Services, Inc., acting on Company's behalf. I agree that a facsimile ("fax") or photocopy of this Authorization shall be as valid as the original.

California, Minnesota, and Oklahoma applicants or residents: Please check the box below if you would like to receive a copy of your consumer report or investigative consumer report, if one is obtained by the Company, whenever you have a right to receive such a copy under state law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The following information is for identification purposes only. Please print clearly.

Name (First, Middle, Last) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Other names used during the past 7 years:

Name (First, Middle, Last) \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

Name (First, Middle, Last) \_\_\_\_\_

### Address Information

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### Other places of residence over the past 7 years

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_