

Report will be ordered from:

Five Diamond Screening LLC

Consumer Reporting Agency Name

P.O.Box 93983

licensing if any.

Address

Las Vegas NV 89193-0013

City State Zip

(888) 997-9308

Telephone

www.5dscreening.com

Consumer Reporting Agency Internet Address

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

NOTICE TO CALIFORNIA APPLICANTS

provided to ______I request to receive a free copy of this report by checking this box.

Yes, please send me a copy of my report!

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.



Disclosure and Authorization to Obtain Investigative Consumer Report

I acknowledge that a fax or copy of this Disclosure and Authorization bearing my signature shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I acknowledge that I have received a copy of the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

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Address					
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City		State	Zip		
()	-				
Network Home Telephone			_		
SSN					
Date of Birth					
Driver's License #		-			
Email Address to send c					

Applicant Signature

Date