

AUTHORIZATION TO OBTAIN MOTOR VEHICLE RECORD

North Carolina classifies driver abstracts as privileged records and limits the release of an abstract of a driver's record to an employer or potential employer who has been authorized in writing by such driver to obtain the driver's record.

THE UNDERSIGNED DOES HEREBY ACKNOWLEDGE AND CERTIFY AS FOLLOWS:

1. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by _____.
Name of Employer / Potential Employer

2. That the undersigned authorizes his or her driving record to be periodically obtained and reviewed for the purpose of initial and continued employment.

3. That the undersigned gives his or her consent to the release of their driving record ("MVR") for review by Craven Ag Services, Inc.

Name of employee/potential
employee/potential driver:

(Print full name as it appears on your license)

Driver's License Number & State:

Date of Birth:

Signature of employee/potential
employee / potential driver:

Date:

BACKGROUND RECORD CHECK
(Retail, Credit and Others)

Applicant's Name (Print) / Date of Birth / Driver's License # / State Licensed

Name: _____ DL# _____ State: _____

Date of Birth: _____

As per the: Fair Credit Reporting Act
 Consumer Product Safety Act
 Drivers Privacy Act
 Federal Motor Carrier Safety Regulations

I authorize the company named above to obtain my driving record, credit report and other data needed to make a decision regarding my employment.

I also release from any, and all, liability, the entity that must supply this information.

Finally, I understand that if any of this information is unsatisfactory, I will be given a copy of same so I can have it corrected with the entity that supplied it. No decision shall be made by the company regarding my employment until the correcting entity has supplied you with the correct data in writing/ fax.

I realize that it is my responsibility to have any favorable corrected data to the above company in a timely manner (within two calendar weeks).

Date _____ Applicant's Signature _____

Date _____ Employer's Representative Signature _____

BLUE ARBOR - TESI SCREENING Disclosure and Release

In connection with my application for employment (including contract for services) with _____, I understand that the company may request from previous employers, MCB Business Services, First Advantage, Lexis-Nexis or other similar services, as well as from Federal and State agencies, including the sex offenders registry, the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, motor vehicle reports, credit history, bankruptcy proceedings, criminal records, etc.

I hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish the above mentioned agencies with any and all background information in their possession regarding me, in order that my employment qualifications may be evaluated.

Upon proper identification, I have the right to inspect the files that the consumer reporting agencies noted above have on me. I also have the right to make a request for a personal copy of information on me in their files upon furnishing proper identification and payment of any applicable fees.

I agree that such information that MCB Business Services, First Advantage, Lexis-Nexis or other similar services have or obtained regarding me, along with my employment history with you, may be supplied by them to other companies that subscribe to their services. **PLEASE PRINT LEGIBLY:**

Name: First, Middle, and Last (suffix) _____ Social Security Number _____ Date of Birth _____ Sex _____ Race _____ Driver's License # and State _____

MAIDEN/OTHER NAMES PREVIOUSLY USED: _____

List all addresses for the past 10 years

Current Address (Street, City, State and Zip Code)	County	Dates at this Address
_____	_____	_____
Previous Address (Street, City, State and Zip Code)	County	Dates at this Address
_____	_____	_____
Previous Address (Street, City, State and Zip Code)	County	Dates at this Address
_____	_____	_____
Previous Address (Street, City, State and Zip Code)	County	Dates at this Address
_____	_____	_____

X _____
Signature of Candidate **Date**

ORDER REQUEST – To be completed by Screening Clients Only
**** THIS SECTION NOT REQUIRED FOR BLUE ARBOR APPLICANTS****

Company Name _____ Company Contact: _____ Date: _____

SERVICES REQUESTED: ___ Employment Verification ___ Education Verification ___ Credit Check ___ MVR

___ Criminal Check (Type: Nationwide Statewide _____ Federal) ___ License/Credential Verification

___ Other: _____ Skills Test (type: _____)

RESULT TRANSMISSION METHOD: Mailing Address:: _____

Call for Pickup: _____ Fax: _____ Email: _____

NOTICE TO APPLICANT

The information requested on this form is for the sole purpose of conducting a background investigation that includes, among other things, a criminal record check. The existence of a prior criminal record will not necessarily make you ineligible for employment. It is our policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, employment history and the time, nature and job-relatedness of the offense. The information on this form, along with the final report, will be held in confidence. Information regarding age, sex, race, religion, national origin and disability will not be a factor in the employment decision including, but not limited to, hiring, promotion, evaluation, compensation or termination.