Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization

Through this document, it is being disclosed to me and I understand that a **Consumer Report** or **Investigative Consumer Report** ("Consumer Report") may be prepared about me as part of my application for employment and/or continued employment.

I authorize RespirTech to procure a Consumer Report from **Verifications, Inc.,** and I authorize Verifications, Inc., a US-based Safe Harbor Certified Consumer Reporting Agency, and its agents, to retrieve necessary information and prepare such Consumer Report. I understand that a Consumer Report may be prepared summarizing information from personnel files, educational institutions, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the international, federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, credit reports, driving records, and criminal history records. If my prior employers and/or references are contacted, the report may include information obtained through personal interviews regarding my character, general reputation, personal characteristics, and mode of living. I understand and authorize that some or all of this information about me may be transmitted electronically and, when required, may be transferred across international borders. I understand that supplemental forms and/or authorizations may be required to obtain international information and that host-country and receiving country privacy laws will be observed if information is transferred across international borders.

I may request a copy of any report that is prepared regarding me and *"A Summary of Your Rights under the Fair Credit Reporting Act."* I may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer-reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to: **Verifications, Inc., 1425 Mickelson Drive, Watertown, SD 57201, USA. Phone 1-800-247-0717 / +1 605-884-1200**

May your current employer be contacted? ☐ YES ☐ NO ☐ Not Currently Employed ☐ Post Hire Only

California: Are you employed in, seeking employment in, or a resident of California? ☐ YES ☐ NO

California, Minnesota or **Oklahoma**: Are you employed in, seeking employment in, or a resident of one of these states? ☐ YES ☐ NO
If YES, do you wish to receive a copy of any Consumer Report of which you are the subject? ☐ YES ☐ NO

Maine and **New York**: You have the right, upon request, to be informed of whether a consumer report about you was requested by the above-named company.

All Other US States: Please contact Verifications at 1-800-247-0717 or the address above to request a copy of your consumer report.

I authorize the above-named company to procure a Consumer Report *about me from Verifications, Inc. I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge. I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above-named company this authorization will remain in effect throughout such employment unless prohibited by applicable law or I withdraw my authorization in writing.*

Signature _____ Social Security Number _____ Date _____

NOTE: Do not provide the following information until you have read and signed the *Disclosure and Release of Information Authorization* above. The information requested below is needed to conduct your background investigation and IS NOT considered part of your application. **PLEASE PRINT CLEARLY.**

Last Name	First Name	Middle Name	Date of Birth (spell month)
Street Address		City	
State/ Province	Country		ZIP/Postal Code
Driver's License No.	Country/State of License		Expires On
List any other COUNTRIES, CITIES, and STATES in which you have lived during the previous 7 years			
List any other LAST NAMES you have used during the previous 7 years			
List any other LAST NAMES under which you received your GED, high school diploma, or other academic credentials.			

If you have experience or qualifications from outside the USA, please request and complete an International Supplement.