

# Stealth Partners, Inc

115 Los Altos ST, Channel Islands Harbor, CA 94306 Ph 877-798-7025 Fax 877-739-5101

## DISCLOSURE, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

### NOTICE REGARDING BACKGROUND INVESTIGATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

I have been given notice and understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Engagement") \_\_\_\_\_ will use the services of an outside consumer reporting agency to obtain a "consumer report" or "investigative consumer report" about me including information relating to my personal background, character, general reputation, personal characteristics, professional standing, work history and qualifications, and/or mode of living. This agency will provide a written report of its findings to \_\_\_\_\_ which uses Stealth Partners, Inc, a consumer reporting agency, to perform its Engagement related background investigations.

This report will contain a credit report. This report is permitted because you are being considered to be hired, retained or promoted to the following position: \_\_\_\_\_

Stealth Partners, Inc will utilize various sources of information to conduct a background check including but not limited to: criminal records, current and former employers, department of motor vehicle records ("driving records"), military records, credit reporting agencies, education records, professional and personal references, drug testing and MRO services where it applies to the position and workers' compensation records (in accordance with the Americans with Disabilities Act). I have been given notice and understand that I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for Engagement is an investigation into your education and/or employment history conducted by Stealth Partners, Inc. The scope of this notice and authorization is all-encompassing allowing \_\_\_\_\_ to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your Engagement to the extent permitted by law. I may review or obtain a copy of my report as provided by law. Stealth Partners, Inc. may be contacted by writing to: **Stealth Partners, Inc, 115 Los Altos ST, Channel Islands Harbor, CA 94306 Ph 877-798-7025 Fax 877-739-5101 .**

New York applicants or employees only: I acknowledge receipt of Article 23-A New York Correction Law.

### ACKNOWLEDGMENT AND AUTHORIZATION

I hereby agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report about me and understand that it may contain information about my character, general reputation, credit history, personal characteristics, and/or mode of living. This authorization in original or copy form shall be valid for the term of Engagement from the date indicated next to my signature, and if I am hired, throughout my Engagement as allowable by applicable law. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to \_\_\_\_\_ and Stealth Partners, Inc. I certify that all statements made by me and contained anywhere herein are true. I agree that a copy of this document by fax or other electronic means shall be as valid as the original. I further acknowledge receipt of the document entitled "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand that document.

California, Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a free copy of a consumer report if one is obtained by the Company. If you would like a copy emailed to you please provide email address: \_\_\_\_\_

California applicants or employees only: By signing below I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Signature

Today's Date

IN ORDER TO VERIFY MY IDENTITY FOR THE PURPOSES OF BACKGROUND IDENTIFICATION, I AM VOLUNTARILY RELEASING MY DATE OF BIRTH, SOCIAL SECURITY NUMBER AND THE OTHER INFORMATION BELOW FOR MY OWN BENEFIT AND FULLY UNDERSTAND THAT ALL ENGAGEMENT DECISIONS ARE BASED ON LEGITIMATE NON-DISCRIMINATORY REASONS.

\_\_\_\_\_  
FIRST NAME (EXACTLY AS IT APPEARS ON YOUR DRIVER'S LICENSE) MIDDLE NAME/INIT

\_\_\_\_\_  
LAST NAME (EXACTLY AS IT APPEARS ON YOUR DRIVERS LICENSE) DOB (MMDDYYYY)

\_\_\_\_\_  
OTHER NAMES KNOWN BY

MALE

FEMALE

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVER'S LICENSE NUMBER & STATE ISSUED

\_\_\_\_\_  
PASSPORT NUMBER IF APPLICANT FROM ANOTHER COUNTRY

\_\_\_\_\_  
COUNTRY ISSUING PASSPORT

**CURRENT ADDRESS**

\_\_\_\_\_  
# - STREET - CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

May we contact your "current employer"? Yes  You may contact them No  Do not contact them.

PLEASE PROVIDE ALL OTHER RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS  
Mo./Yr./Mo./Yr.

\_\_\_\_\_  
# Street Name

\_\_\_\_\_  
Apt#

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
From/To?

# Street Name      Apt#      City      State      Zip Code      From/To?

# Street Name      Apt#      City      State      Zip Code      From/To?

# Street Name      Apt#      City      State      Zip Code      From/To?

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Signature

Today's Date

PLEASE ANSWER THE FOLLOWING QUESTIONS. AN AFFIRMATIVE ANSWER OR SUPPLYING THE ADDITIONAL INFORMATION REQUESTED WILL NOT RESULT IN AN AUTOMATIC DISQUALIFICATION FROM ENGAGEMENT. EACH APPLICANT RECEIVES SEPARATE CONSIDERATION. IF YOU HAVE MORE THAN ONE CONVICTION TO REPORT, ASK FOR ADDITIONAL CRIMINAL RECORD SHEET(S).

1. HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES  NO
2. CONVICTION WAS IN: STATE COURT  FEDERAL COURT
3. COUNTY OF CONVICTION OR COUNTY WHERE FEDERAL DISTRICT COURT IS LOCATED: \_\_\_\_\_
4. STATE OF CONVICTION: \_\_\_\_\_
5. LAST TWO DIGITS OF APPROXIMATE YEAR OF CONVICTION: \_\_\_\_\_
6. TYPE OF CONVICTION: FELONY  MISDEMEANOR
7. FINAL CHARGES:

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8. ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SUPPLY?

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Signature

Today's Date