

## CONSENT FORM TO OBTAIN AND RELEASE INFORMATION

I understand that in consideration of my application to perform network services with **Alacrity Renovation Services, LLC.**, an investigation may be conducted of my background. I authorize personal references and others with whom I am acquainted to provide information concerning my ability, character, military service and credit history. I release all persons, including consumer reporting agencies, and government agencies from any liabilities or damages for having furnished such information. I hereby authorize **Alacrity Renovation Services, LLC, Private Eyes, Inc. and/or its Agents** to conduct such an investigation. I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering accurate information, and will not be used to discriminate against me in violation of any law. A telephonic facsimile (fax) or a photographic copy of this authorization shall be as valid as the original. I authorize communications to me via email.

**Alacrity Renovation Services, LLC** will take reasonable steps to prevent, to the extent reasonably practical under this circumstances, unauthorized disclosure or distribution of information disclosed either on this request form or any subsequent investigative consumer report.

### **False or inaccurate information will be cause to exclude the company from Alacrity's Contractor Program**

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## **2017 Violent Crime Control and Background Consent Form**

### **DISCLOSURE STATEMENT**

Under the Federal Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. § 1033(e) a person may not engage in the business of insurance if the individual has been convicted of a felony involving dishonesty or breach of trust, unless the individual has the written consent of an insurance regulatory official authorized to regulate the insurer. If a person is convicted of a felony between annual notification dates, he or she agrees to notify **Alacrity Renovation Services, LLC** promptly, but no later than 10 days after the conviction.

Furthermore, **Alacrity Renovation Services, LLC** discloses to you that as part of a background investigation of your activities, an investigative consumer report may be obtained at any time during the contractual relationship with **Alacrity Renovation Services, LLC**. An investigative consumer report may include personal information as to your character and general reputation.

## Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: **Private Eyes, Inc.** ("Agency"), 2700 Ygnacio Valley, Ste. 100, Walnut Creek, CA 94598, telephone number (925) 927-3333, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: [www.privateeyesinc.com](http://www.privateeyesinc.com).

I understand that if the Company is located in **California, Minnesota or Oklahoma**, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in **New York**, that I have the right to receive a copy of Article 23-A of the New York Correction Law.

I understand that if the report is provided to an employer in the State of **Washington**, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5<sup>th</sup> Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights.

**Must be completed by all listed Owner(s) and Employees on Alacrity's Contractor Program**

Business Name \_\_\_\_\_ Company ID \_\_\_\_\_

Full Name (Printed) \_\_\_\_\_

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

With my signature I hereby certify and attest that I am a current owner or employee of the business listed above.

Have you ever been convicted of a crime? (Circle one) NO or YES

a. If Yes, Date of conviction: \_\_\_\_\_ and County convicted in: \_\_\_\_\_

b. List the Conviction(s): \_\_\_\_\_

c. Type of punishment or penalty received as a result of the conviction: \_\_\_\_\_

Please select the category that best describes your position (circle one):

Category 1 – Manager/Employee/Subcontractor

Category 2 – Officer

Category 3 – Owner

For identification purposes only:

Social Security No.: \_\_\_\_\_; Date of Birth: \_\_\_\_\_.

Drivers License No.: \_\_\_\_\_; State of Issue: \_\_\_\_\_.

List all Alias Names (including nicknames and maiden names): \_\_\_\_\_

Please provide 7 years of address history:

Present Address: \_\_\_\_\_

Previous Address 1: \_\_\_\_\_

Previous Address Dates: (MM/YY): \_\_\_/\_\_\_ to \_\_\_/\_\_\_

Previous Address 2: \_\_\_\_\_

Previous Address Dates (MM/YY): \_\_\_/\_\_\_ to \_\_\_/\_\_\_

*Please attach a separate page if you have additional addresses within the last 7 years.*



## Criminal History Questionnaire

**Must be completed by all listed Owner(s) and Employees on Alacrity's Contractor Program**

Business Name \_\_\_\_\_ Company ID 11445

Full Name (Printed) \_\_\_\_\_

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

With my signature I hereby certify and attest that I am a current owner or employee of the business listed above.

Have you ever been convicted of a crime? (Circle one)      NO    or    YES

a. If Yes, Date of conviction: \_\_\_\_\_ and County convicted in: \_\_\_\_\_

b. List the Conviction(s): \_\_\_\_\_

c. Type of punishment or penalty received as a result of the conviction: \_\_\_\_\_

**For identification purposes only:**

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**PLEASE EMAIL THE COMPLETED QUESTIONNAIRE TO:  
ALACRITY@PEBACKGROUNDCHECKS.COM**