

BACKGROUND RELEASE FORM DISCLOSURE AND CONSENT

I hereby authorize, without reservation, Per Sé Group, Inc. (hereinafter Per Sé) and the directors, officers, employees and agents of the foregoing, and any party or agency contracted by Per Sé and their directors, officers, employees, and agents, as a condition precedent to employment or as a condition of continuing employment, to contact any of my previous employers or to contact schools, companies, credit bureaus, law enforcement agencies, government agencies, persons and education institutions to supply any information concerning my background and to furnish the below listed information and to release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax, copy or electronic form. I believe to the best of my knowledge that all the information I have provided is accurate, true and correct and that I fully understand the terms of this release.

In consideration of and connection with my application for employment (including contract for services, if applicable) and as a consideration of continuing employment, I understand that an investigative background inquiry will be performed on myself, including, but not limited to, consumer credit history, criminal credit history, worker compensation claim history, civil records history, driving record history, employment history and other such reports that may exhibit information of my character, work habits, performance, education and experience, along with reasons for termination of employment from previous employers, where such information exists.

Additionally, I agree to and consent to the electronic storage and submission of information requested. Alternatively, I have the option to print out completed information and fax back to Per Sé at 630-588-0333.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

First Name		Middle Name		Last Name	
Former Name (if applicable)					
Drivers' License Number			DL State Issued		DL Expiration Date (MM/DD/YYYY)
Date of Birth		Social Security Number			
Home Address					
Home City			State/Province		Postal Code

To submit please print, SIGN, and RETURN to 630-588-0333 (fax).

Signature: _____ Date: _____

FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, Per Sé cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility.

California, Oklahoma, Minnesota or New York Applicants only:

By checking the box below, I am certifying that I would like to receive a copy of any report obtained on me by Per Sé or its agent.

Yes, I would like to receive a copy of any report obtained on me. CA, OK, MN, NY residents only.