

**K-LAK CORPORATION EMPLOYMENT SCREENING SERVICES****BACKGROUND HISTORY REQUEST**

Delaware Office/Operation Center

Post Office Box 7033 ♦ Wilmington, DE 19803-0033

302.764.5826 ♦ FAX 302.764.5827 ♦ ALT FAX: 866.283.5053

**(K-LAK CUSTOMER USE ONLY)**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ CUSTOMER #: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_ K-LAK SPECIALIST: \_\_\_\_\_

PERSON ORDERING REPORT: \_\_\_\_\_

**APPLICANT INFORMATION: (\*\*Please type or print legibly with ink\*\*)**

If this form is not legible or not properly completed, it will be returned unprocessed to the requester. A response may take 24 to 72 hours or longer to process.

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

MAIDEN NAME: \_\_\_\_\_ ALIAS NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ MALE: \_\_\_\_\_ \*FEMALE: \_\_\_\_\_ RACE: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_ DEPT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE OF EMPLOYMENT: \_\_\_\_\_ DEPT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**APPLICANT AUTHORIZATION**

Without reservation, I authorize K-LAK Corporation, your employer or any party or agency contacted by this employer to procure my consumer report and/or to obtain or furnish information concerning my fingerprints, credit, criminal, drug testing, motor vehicle, and other history at any time. I understand that inquiries may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living. I understand that any false, misleading or criminal information discovered in the background investigation is sufficient cause for disqualification from employment or termination from employment.

PRINT FULL NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ \*DATE OF BIRTH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

\*This information is requested by K-LAK Employment Screening Services solely for purposes of ensuring accurate retrieval of records.

APPLICANT'S LAST NAME: \_\_\_\_\_

CUSTOMER #: \_\_\_\_\_

## K-LAK Corporation

Reports Requested: (Place checkmark next to report(s) requested and fill in appropriate information)

**Credit Report**

**Criminal Report, County:**

State: \_\_\_\_\_

County: \_\_\_\_\_

Felony

Felony and misdemeanor

Do you want the maiden name searched? Yes  No

**Criminal Report, Statewide:** (CO, DC, FL, HI, ID, IN, KS, KY, ME, MI, MN, MO, MT, NE, ND, OK, RI, WI) State: \_\_\_\_\_

**Criminal Report, Statewide:** requiring special forms (AL, AR, DC, DE, GA, IL, MA, MD, MN, NH, NM, NY, OH, OR, PA, SC, SD, TX, VA, WA, WV, WY) State: \_\_\_\_\_

Please contact your K-LAK specialist for details.

**Criminal Report, Federal:** State: \_\_\_\_\_

**Fingerprinting**

State: \_\_\_\_\_

Agency: \_\_\_\_\_

**Drug Testing**

Company & Number: \_\_\_\_\_ State: \_\_\_\_\_

**Motor Vehicle Report:** State: \_\_\_\_\_

License No.: \_\_\_\_\_

**Social Security Search**

**Secondary Education Search:**

College/High School: \_\_\_\_\_

State: \_\_\_\_\_

Name While Attending: \_\_\_\_\_

Degree: \_\_\_\_\_

Yrs. Attended/Date Graduated: \_\_\_\_\_

**Address and Telephone Verification**

**Professional License Verification:**

Occupation: \_\_\_\_\_

License No.: \_\_\_\_\_

State: \_\_\_\_\_

**Exit Interview**

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

Home Phone Number: \_\_\_\_\_

## Investigative Reports:

**Present Employment Verification**

**Previous Employment Verification**

Simple Verification  In-depth Interview

**International Background Report**

Please contact your K-LAK Specialist for additional information.

**Reference Check**

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

## Special Services/Reports:

**Personality Test by Accutrac**

Please contact your K-LAK specialist for additional information

### CUSTOMER CERTIFICATION

I, \_\_\_\_\_, as an authorized representative of the above-mentioned Customer, do hereby certify that, in accordance with K-LAK Corporation Agreement, prior to ordering any report for employment purposes, the applicant, 1) authorized the procurement of the report(s), 2) received the FCRA Notice, 3) received the FTC "Summary of Your Rights Under the Fair Credit Reporting Act, 4) received the FCRA Disclosure, and that 5) in the event any adverse action is to be taken which is based in whole or in part on the report(s), before taking such action, the applicant will be provided with a copy of the report(s) including a written summary of a consumer's rights under the FCRA, and 6) information from the report(s) will not be used in violation of any applicable federal or state equal opportunity law or regulation. Additionally, if an Investigative Report is ordered and for a permissible purpose other than employment, in lieu of steps 4, 5 and 6, I certify that (in addition to steps 1, 2 and 3) 4a) upon the applicant's written inquiry, the applicant will, within 5 days, be provided with a written, complete and accurate disclosure of the nature and scope of the requested investigation and 5a) the applicant will be notified of any adverse action based in whole or in part on the report(s) in accordance with the Act.

Signature of Customer: \_\_\_\_\_

Date: \_\_\_\_\_

# APPLICANT RELEASE FORM

Without reservation, I authorize the release of my information to K-LAK Corporation or other Agency concerning my criminal, motor vehicle, drug screening, credit and any other Background History for employment purposes only.

I also authorize K-LAK Corporation to release my information concerning my criminal, motor vehicle, credit and any other Background History to the following companies below:

**Company 1:** \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Company 2:** \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I understand that inquires may be made to various federal and state agencies, employers, references, acquaintances and others seeking information as to my personal characteristics, credit worthiness, employment status, general reputation, and mode of living. By signing this release form, I agree to all the terms above.

PRINT LAST NAME: \_\_\_\_\_

PRINT FIRST NAME: \_\_\_\_\_

PRINT MIDDLE NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## FCRA NOTICE

This is to inform you that as part of our procedure for processing your employment application, we may obtain a consumer report and/or an investigative consumer report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of the foregoing notice and a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act."

Applicant: \_\_\_\_\_  
*Please print full name*

Applicant's Signature: \_\_\_\_\_

Form 222-A  
Rev. 10/14

K-LAK Corporation

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## FCRA DISCLOSURE

This is to inform you that as part of processing your application, a consumer report may be obtained for employment purposes.

Applicant: \_\_\_\_\_  
*Please print full name*

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

Form 222-B  
Rev. 10/14

K-LAK Corporation

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- ◆ **You must be told if information in your files has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.**
- ◆ **You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.**
- ◆ **You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.**
- ◆ **Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.**
- ◆ **You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.**

- ◆ **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- ◆ **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- ◆ **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- ◆ **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- ◆ **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 202-236-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A" appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B" appear in federal institution's names)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800/842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 * 202-720-7051