

# Legacy Cooperative

## COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING

### BACKGROUND CONSUMER REPORTS

**Important: Please read carefully before signing.**

#### DISCLOSURE

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, criminal records, civil records, drug testing results, education, qualifications, motor vehicle record, mode of living and/or credit and indebtedness, etc. may be obtained in connection with your application for and/or continued employment with Legacy Cooperative. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment with Legacy Cooperative.** These reports may include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, Local and other agencies which contain your past activities may be requested. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made.

The name, address and telephone number of the Company preparing the report is: EGS Credit Services, 3850 N. Causeway Blvd., Suite 201, Metairie, LA 70130; Toll free number: 1-800-925-6691.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

Please be advised that you have a right to inspect the files that the Consumer Reporting Agency may have on you during normal business hours and upon you furnishing proper identification.

#### AUTHORIZATION

By signing below, you hereby authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Legacy Cooperative with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

**Print your Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Driver's License State:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

*The following is for identification purposes only to perform the background check:*

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Gender (M or F):** \_\_\_\_\_

**Other or Former Names:** \_\_\_\_\_

**Professional License:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Type:** \_\_\_\_\_ **Number:** \_\_\_\_\_

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