



**THE INFORMATION**

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**Exhibit A-4  
Notice for Applicant/Employee**

**'Notice of Intent' and 'Authorization'**

**to Obtain an Investigative Consumer Report for Employment or Other Legitimate Permissible Purposes**

The undersigned applicant/employee is hereby notified that \_\_\_\_\_ (Employer) with may obtain an investigative consumer report for employment purposes through ACRAnet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later.

Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRAnet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

I (Applicant/employee) am currently a resident of the state of California, Oklahoma OR the state of Minnesota: Yes  No

If yes, by state statute, I may receive a free copy of the report being prepared in association with this employment screening investigation and a copy of my corresponding rights as a consumer. These documents will be mailed to me at the address indicated on this authorization form within 24 hours of completion.

Please provide me a copy of my credit report as indicated above

**Print Full Name:** \_\_\_\_\_

**Former Name/Maiden Name (list all):** \_\_\_\_\_

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

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

**Previous Address:** \_\_\_\_\_

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

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

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

**Driver's License # (if applicable)** \_\_\_\_\_ **State of Issue** \_\_\_\_\_

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

**NOTE:**  
The above information and attached exhibits are presented to assist you in compliance with the revised federal Fair Credit Reporting Act. They represent our understanding and interpretation of the amendments which became effective September 30, 1997 and November 2, 1998. ACRAnet Incorporated does not intend for this information and the related attachments to be construed as legal advice. We urge all subscribers to review their procedures and documents with their respective legal counsel.

**NOTE: Check box indicates this position requires an employment credit report due to law, fiduciary responsibilities or access to cash, valuables or sensitive consumer records. Signature acknowledges acceptance of this requirement.**