

Authorization

Authorization: By signing below, you authorize: (a) Unique Background Solutions to request information about you from any public or private information source; (b) anyone to provide information about you to Unique Background Solutions; (c) Unique Background Solutions to provide us (**The Blink Now Foundation**) one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment, volunteering or other business purpose. Unique Background Solutions may investigate your criminal record, address history, social security number validity, criminal record, driving record and any other information with public or private information sources. This authorization may also include consenting for drug testing. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

Personal Information: Please print the information requested below to identify yourself for Unique Background Solutions.

Printed name:

First Middle (none) Last

Other names used:

Current and former addresses:

_____	current	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street		City, State & Zip
_____	_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street		City, State & Zip
_____	_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street		City, State & Zip

Some government agencies and other information sources require the following information when checking for records. Unique Background Solutions will not use it for any other purposes.

Date of birth

Social security number

Driver's license number & state

Name as it appears on license

Email address

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature

Date

Disclosure

We (**The Blink Now Foundation**) will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports may include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is Unique Background Solutions. Their address is 805 Merita St. Mount Airy, NC 27030. Their website is www.uniquebackground.com, where you can find information about Unique Background Solutions privacy practices.

To prepare the reports, Unique Background Solutions may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that Unique Background Solutions provides and their files about you (by email, by mail, or by phone) by providing identification to Unique Background Solutions. If you do, Unique Background Solutions will provide you help to understand the files, including trained personnel and an explanation of any codes.

If Unique Background Solutions obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name



Unique Background Solutions | Credit Card Authorization

To pay reoccurring with credit card, it is Unique Background Solutions policy to have a current credit card on file for your account. **By my signature below, I authorize Unique Background Solutions to process and charge my credit card for payment when invoiced.**

Company Name: _____

Credit Card Number: _____ (Visa or MasterCard only)

Expiration Date: _____ CVV: _____ (3-digit number on back of card)

Cardholder Name: _____ (as written on card)

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder Telephone Number: _____

Cardholder Signature: _____