

## Disclosure Regarding Background Investigation

Broadscope Disability Services, Inc. may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. Broadscope Disability Services, Inc. will obtain this information on behalf of and share this information with the family for whom you will be working.

These searches will be conducted by InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, 414-727-1718 / 866-265-9426, [www.inchecksolutions.com](http://www.inchecksolutions.com).

Please provide the following information in full:

<b>First Name</b>	<b>Middle Name (FULL)</b>	<b>Last Name</b>
<b>Social Security Number</b>		<b>Date of Birth</b>

Print all home addresses resided in **outside the state of Wisconsin** in the past three years. Include any other names/aliases by which you were LEGALLY known during that time:

<b>Street Address</b>		<b>City</b>	<b>State</b>
<b>Zip Code</b>	<b>Dates resided</b>	<b>Name(s) by which you were known</b>	

<b>Street Address</b>		<b>City</b>	<b>State</b>
<b>Zip Code</b>	<b>Dates resided</b>	<b>Name(s) by which you were known</b>	

<b>Street Address</b>		<b>City</b>	<b>State</b>
<b>Zip Code</b>	<b>Dates resided</b>	<b>Name(s) by which you were known</b>	

<b>Street Address</b>		<b>City</b>	<b>State</b>
<b>Zip Code</b>	<b>Dates resided</b>	<b>Name(s) by which you were known</b>	

## Acknowledgment and Authorization for Background Check

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" by Broadscope Disability Services, Inc. at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, telephone number (866) 265-9426, [www.inchecksolutions.com](http://www.inchecksolutions.com) and/or Broadscope Disability Services, Inc. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

If signing electronically, I agree my electronic signature is the legal equivalent of my manual signature on this Authorization.

**Residents of California, Minnesota, New York, Oklahoma, and Washington state:** You have the right to receive a copy of any report furnished by InCheck, Inc., 7500 W State Street, Suite 200, Wauwatosa, WI 53213, 414-727-1718/866-265-9426, [www.inchecksolutions.com/privacy-policy](http://www.inchecksolutions.com/privacy-policy) to Broadscope Disability Services, Inc. pursuant to your authorization. Check this box if you would like to receive a copy:

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

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