occuscreen® LLC
The clear choice in employment screening™

INVESTIGATIVE CONSUMER REPORT
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Camp Yakety-Yak ("the Company") may obtain information about you from a consumer reporting agency for purposes regarding your volunteer position. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report." These reports may contain information regarding your criminal history, social security verification, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for volunteer positions is an investigation into your criminal background history, education and/or employment history conducted by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and certify that I have read and understand this document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my volunteer position, 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 Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. □

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. □

_____ _____ _____

Signature Date (if under 18) Guardian Signature

*This information will be used for background screening purposes only and will not be used as hiring criteria.

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Employer: Camp Yakety-Yak Phone: (**503) 653-9780** Requested By:

SERVICES REQUESTED (Check all that apply)

☐ Oregon Statewide County Search (OJIN) ☐ National Criminal Database

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last **seven (7)** years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

FIRST **MIDDLE**

LAST

SOCIAL SECURITY #: - - **BIRTHDATE:** - -

CURRENT STREET ADDRESS _____ **APT** _____

POST OFFICE BOX _____

CITY _____ **STATE** _____ **ZIPCODE** _____

DRIVER LICENSE NUMBER _____ **STATE** _____

OTHER NAMES USED IN PREVIOUS 7 YEARS

1. _____ **3.** _____

2. _____ **4.** _____

PLEASE PROVIDE CITY, COUNTY, STATE AND ZIPCODE FOR YOUR RESIDENCES IN THE PAST SEVEN (7) YEARS.

BEGIN WITH YOUR MOST RECENT, CURRENT ADDRESS

	CITY	COUNTY	ZIP	DATES
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____