



**Request for  
Background Check**

**Customer # 000977  
Marcolin USA**

|                                      |   |
|--------------------------------------|---|
| <b>Social Security Number</b><br>- - | <b>Date of Birth</b> (Month/Day/Year - for identification purposes only)<br>/ / |
|--------------------------------------|---|

|  |
|--|
| <b>Full Name</b> (First / Full Middle Name / Last) |
|--|

|   |
|---|
| <b>Other Names Used</b> (maiden names, AKA names, etc.) |
|---|

|                                    |
|------------------------------------|
| <b>Current Residential Address</b> |
|------------------------------------|

|             |              |                 |
|-------------|--------------|-----------------|
| <b>City</b> | <b>State</b> | <b>Zip Code</b> |
|-------------|--------------|-----------------|

List each CITY, STATE and ZIP CODE (if known) where you have lived during the past seven years:

| City | State | Zip Code | From Date | To Date | <input type="checkbox"/> |
|------|-------|----------|-----------|---------|--------------------------|
|      |       |          |           |         | <input type="checkbox"/> |
|      |       |          |           |         | <input type="checkbox"/> |
|      |       |          |           |         | <input type="checkbox"/> |
|      |       |          |           |         | <input type="checkbox"/> |
|      |       |          |           |         | <input type="checkbox"/> |

|                                |                       |
|--------------------------------|-----------------------|
| <b>Driver's License Number</b> | <b>State of Issue</b> |
|--------------------------------|-----------------------|

**APPLICANT DO NOT WRITE IN THIS BOX – FOR EMPLOYER USE ONLY:**

**Your standard package will be automatically performed unless you specify otherwise below:**

- Perform AZ Essential
- Perform National Complete + Motor Vehicle Report

**Phone 480-951-7174 or 1-800-527-9265**

**Fax orders to 480-606-1219**

#000977

**FCRA NOTICE AND ACKNOWLEDGMENT**  
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT

**NOTICE REGARDING BACKGROUND INVESTIGATION**

**Marcolin USA** ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include, but is not limited to: employment and education verifications; social security number verification; criminal and civil court records; personal interviews; driving records; and/or any other public records or any other information bearing on my character, general reputation, personal characteristics and trustworthiness. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. 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.

The report will be generated by Universal Background Screening (4000 North Central Avenue, Suite 1000, Phoenix, AZ 85012, 1-877-263-8033) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, 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 NOTICE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. 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 Universal Background Screening, another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") 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 if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number (SSN)