

**NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT
OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I, the undersigned consumer, do hereby authorize PRE-EMPLOY.COM to procure a consumer report and/or investigative consumer report on me for employment purposes. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with Lawrence Livermore National Security, LLC ("LLNS") for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to LLNS including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared by PRE-EMPLOY.COM, P.O. Box 491570 Redding, CA 96049, (800) 300-1821. If I wish to receive a copy of the Report, I will check the box below my signature. I understand that PRE-EMPLOY.COM is required to allow me to visually inspect all files and information regarding me during normal business hours and on reasonable notice. I understand that I may inspect my file in person or by certified mail, provided that I furnish proper identification and pay a fee not to exceed the cost of duplication. I may also receive a summary of all information contained in my file by telephone, if I make a written request, provide proper identification, and pay the toll charge, if any, for the phone call. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 *et seq.*

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment may be terminated based on any false, omitted, altered or fraudulent information.

Signature: _____ **Date:** _____

Check this box if you wish to receive a copy of the Report.

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed Name: _____

First Middle Last

Current Address: _____

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ **Daytime Telephone Number:** _____

Home Telephone Number: _____ **Email Address:** _____

***Date of Birth:** _____ ***Gender:** _____

* Providing DOB and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of our background search.