

Consumer Background Report Authorization and Liability Release

The purpose of this form is to notify you that a *Consumer Background Report* will be conducted on you in the course of consideration for access to facilities or resources of, or employment with, Accounting Resources or its clients.

I understand that this report may be used to make decisions about my employment, including one or more of the following: hiring, firing, promotion, and reassignment. According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be advised by this employer and be given the name of the agency or source of this information.

The investigation will be conducted by Parkin Security Consultants, 7258 Bark Lane, San Jose, CA 95129, phone 408-255-4564 or toll-free 888-931-9900. I understand that Accounting Resources has asked this agency to prepare a report that may include a criminal and civil records search, social security and driving record check, a credit check, professional licensing if any, and verification of current (*requires specific consent- check one box below*) and past employment and salary and education. I hereby authorize any and all public and private record holders of such information to release same to Parkin Security Consultants, Inc.

You may contact my current employer You may not contact my current employer

I understand that I have the right to inspect the report at the investigative agency's offices during normal business hours and after reasonable notice to the agency. I can also inspect the report by certified mail or by telephone. I must show proper identification and pay for any costs involved with the inspection. I have the right to be accompanied by one other person who must also show proper identification. The investigative agency will explain any of the information in the report and will provide a written explanation of any coded information. I also understand that I may request additional information about the nature and scope of the investigation and a summary of my rights under the consumer reporting laws.

I release Accounting Resources, its employees, its officers, its representatives, Parkin Security Consultants, Inc., and all others from all claims, liability, and damages that may result from negligently investigating, furnishing, communicating, reviewing, or evaluating information pursuant to this investigation and from the use of the report. This release means I am waiving claims for negligence, misrepresentation, emotional distress, invasion of privacy, interference with prospective business relations or contract, breach of contract, and any other negligent act. I expressly intend that this release is as broad and inclusive as is permitted by law. Also, if any portion of this release is held invalid, the balance will continue in full legal force.

I've read this Notice, Authorization and Liability Release and understand and agree with each of its terms. I voluntarily authorize Parkin Security Consultants, Inc. to conduct an investigation of me and to provide a report on me to Accounting Resources. I further authorize a telephone facsimile (FAX) or photographic copy of this release to be as valid as the original.

First Name: _____ Middle: _____

Last: _____ Other names used: _____

Drivers License Number: _____ State of issue: _____

Social Security Number: _____ Date of birth: _____

Current address: _____
Number Street Apt.# City State Zip

Applicant's Signature: _____ Date: _____

Return this completed form via fax to Parkin Security Consultants 408-255-8222