



INSTRUCTIONS FOR CONSUMER REPORTS

- All forms must be filled out and signed.
- The consumer is entitled to a copy of each document.

The process includes the following documents:

1. Disclosure
2. Authorization
3. Document titled "Information Regarding Your Rights"
4. Questionnaire
5. Additional notices if needed for the reports ordered

If you have questions call Shield Screening at (918) 970-2800.


SHIELD
SCREENING
DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with IFOS, LLC, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record (which will include all or part of the following information: photograph, social security number, driver's license number, your name, your address and medical or disability information), workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Acknowledged:


Signature

9 / 10 / 18
Date

MERCY ENDAH MONIE
Printed Full Name



I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company and its consumer reporting agency Shield Screening, 6810 East 121st St South, Bixby, OK 74008. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted Yes / No, my current employer cannot be contacted _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights MEM (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Shield Screening at (918) 970-2800.

Printed Full Name: MERCY ENDAH MONIE

Signature: 

Date: 09 / 10 / 2018

Email: mercyendah@gmail.com; I do not have or want email _____ (Initial)

If "no", list mailing address: _____

For identification purposes:

Social Security No.: 453 - 69 - 3726; Date of Birth: 10 / 11 / 1963

Driver's License No.: M-500-599-230-782; State of Issue: 09 / 26 / 2015



INFORMATION REGARDING YOUR RIGHTS

I understand that I have the right to make a request to the consumer reporting agency: Shield Screening ("Agency"), 6810 East 121st Street South, Bixby, OK 74008, telephone number (918) 970-2800, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.shieldscreening.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here: ☐

If I am a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (PTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

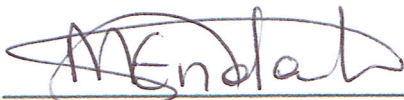
I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.



Personal information in MVRs includes your photograph, social security number, driver's license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

A handwritten signature in dark ink, appearing to read "M. Enola", written over a horizontal line.

Signature

09 / 10 / 2018
Date



QUESTIONNAIRE REGARDING YOUR CONSUMER REPORT

In order to be able to obtain the most accurate information, this questionnaire helps our Agency to better identify information that does or does not relate to you. This document will not become party of your personnel file, if hired.

Please Print All Information:

Full Name: MERCY ENDAH MONIE Mrs
First Middle Last Suffix

Social Security Number: 453 69 3726

Date of Birth: 10/11/63 Gender: Male ☒ Female Race: Black

Driver's License Number: M-500-599-230-782 State of Issue: MD

Address: 11517 Chesley Court Bowie, MD 20721

Addresses in last seven (7) years: (if you need more let us know):

11517 Chesley Court Bowie, MD 20721

Military Service: Yes ☐ / No ☒. If yes, date(s) of active duty: _____

Employment, if requested, in the last seven (7) years. List company name, location, phone number and

contact: Deva and Associates, 1901 Research Blvd, Rockville

MD 20850. Tel (301) 610-5600 Contact: Mr Deva

Phacil, Inc 8484 Westpark Dr Suite 600, Mclean,

VA 22102 Contact: (703) 526-1800 Office Manager

The above is true and correct to the best of my knowledge:

Signature

Date