



Continuation of the Application Process

All applicants must sign this form.

DISCLOSURE TO EMPLOYMENT APPLICANT REGARDING PROCUREMENT OF A CONSUMER REPORT

AUTHORIZATION TO RELEASE CRIMINAL HISTORY INFORMATION REPORTS, PRIVATE COMPANIES' DISHONESTY, DRUG OFFENSE OR VIOLENCE REPORTS, OR CREDIT BUREAU REPORTS. For and in consideration of my being considered for employment, I hereby authorize ASI to make inquiries to MAF Background Screening (MAFBS), a consumer reporting agency, concerning my employment suitability and qualification; including (1) any public record of any convictions for crimes of violence or dishonesty; (2) any incidents of employment dishonesty, retail theft, or other employment related acts of dishonesty, violence or drug related offenses reported to MAFBS by any merchant or employer where such acts occurred; or (3) any credit bureau reports. I further authorize any governmental agency where such conviction information is on file, or any company ("prior company") where such incident or credit transaction occurred, and MAFBS to disseminate such report(s) to ASI. During any period(s) while I may be employed by ASI, I hereby authorize ASI to make further like inquiries to MAFBS as ASI may from time to time, deem necessary for employment purposes. I also hereby authorize MAFBS, any such government agency, any such credit bureau and any such prior company to issue such reports in response to ASI inquiry(ies). I waive any further notice with respect to ASI's inquiries or with respect to such governmental agency's, such prior company's, such credit bureau's or MAFBS's dissemination of any such report(s). I hereby generally release and fully discharge MAFBS every such government's agency, every such credit bureau, and every such prior company from and against any and all liability with respect to, or arising from, the release or dissemination of any such information for such purposes. I understand and agree that my employment, promotion, or retention may be determined, in whole or in part, based on the report(s) so issued to ASI by MAFBS. I have been informed and I understand that I may obtain a copy of such report and that I may dispute the accuracy or completeness of the information reported to ASI by writing or calling MAFBS. MAF Background Screening, P.O. Box 3434, Tampa, FL 33601 800-226-4483.

Please read and sign below acknowledging you have read this agreement.

_____ Date _____
(Signature)