

## Disclosure and Authorization to Conduct a Background Check and Obtain an Investigative Consumer Report

In connection with my application for employment or promotion or other job change, I understand that Volutone may obtain an INVESTIGATIVE CONSUMER REPORT that will include information as to my character, general reputation, personal characteristics and mode of living. This report may reveal information about work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, I understand and agree that the Company may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing if any.

You have the right, upon written request made within a reasonable period of time (not to exceed 30 days) after receipt of this notice to receive a written disclosure of the nature and scope of any investigation. If a consumer investigative report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

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### NOTICE TO CALIFORNIA APPLICANTS

You have a right to obtain a copy of any investigative consumer report obtained by Volutone by checking the box provided below. The report will be provided to you within three business days after the report is provided to Volutone.

I request to receive a free copy of this report by checking this box.

I acknowledge that a fax or copy of this Disclosure and Authorization bearing my signature shall be as valid as the original.

This release is valid for all federal, state, county and local agencies and authorities. I acknowledge that I have received a copy of the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

(\_\_\_\_)\_\_\_\_ - \_\_\_\_  
Home Telephone

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date