THE CALIFORNIA RESIDENTS ONLY WITH A CONSUMER CREDIT REPORT **Notice of Investigative Consumer Report**

In connection with your application for employment, we have ordered an investigative consumer report (as defined by California law). This report may contain information on your character, general reputation, personal characteristics and mode of living. This report will also contain a consumer credit report. The credit report is permitted because you are being considered to be hired retained or promoted to the type of position checked

below:	mied, retained of promoted to the type of position encodes
Financial institution	
Managerial	
Employee of California Department of Justi	ce
Employee of California Department of Justice Police/Law enforcement Information is required by law Position has access to debit/credit card information, social security numbers and dates of birth Position has signatory authority of bank, debit/credit cards Position has authority to transfer funds from employer account Position has authority to enter into financial contracts on behalf of employer Position has access to confidential or proprietary information of employer	
Position has signatory authority of bank, del	bit/credit cards
Position has authority to transfer funds from	
Position has authority to enter into financial	
1 Ostron has access to confidential of propri	etary information of employer
Position has access to cash of \$10,000 or mo	ore of employees or customers/clients
	(Nome)
	be ordered from(Name), neir telephone number is: ("Agency").
(address). If	neir telephone number is:("Agency").
termination of employment, work experience, accid	wing names and date of previous employers, reason for dents, drugs/alcohol use. Such report may also contain public ecord, workers' compensation claims, credit, bankruptcy and other agencies that maintain such records.
I AUTHORIZE YOU TO OBTAIN SUCH REP	ORTS ON ME.
Agency has trained personnel to explain any infinite information that is coded, such will be explained to	formation in your file to you and if the file contains any you.
☐ Check box if you want a copy of you	ur report. If so, provide preferred method of delivery.
You may review the Agency's privacy policy at the	eir website:
Print Name	Social Security No.
Applicant's Signature	Date of Birth
Any Other Names Used:	
Ally Other Names Osed.	-
Date:	
Mailing Address:	
Email Address:	