## **Applicant Consent Form for Employment Investigation**

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of **Lou's Clinical Laboratory/Drug Screen Compliance**'s review of my application for employment, I hereby voluntarily consent to and authorize **Lou's Clinical Laboratory/Drug Screen Compliance** or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

- Criminal Records
- Civil Cases
- Motor Vehicle Records
- Military Service Verification
- Credentials Verification
- Education Verification
- Employment Verification
- Personal Identity Verifications
- Past Employment Verification
- Reference Checks
- Credit Report

I authorize all persons and organizations that may have information relevant to this research to disclose such information to **Drug Screen Compliance/Lou's Clinical Lab, Inc.** or its authorized agents. I hereby release **Drug Screen Compliance/Lou's Clinical Lab, Inc.** its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

Signature of Applicant	Date
Printed Name	