

**NOTICE AND AUTHORIZATION OF USE OF
CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

AS A CONDITION OF EMPLOYMENT WITH LOCKHART MANAGEMENT & CONSULTING LLC, A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT MAY BE OBTAINED FOR EMPLOYMENT PURPOSES WHEN EVALUATING MY ELIGIBILITY FOR EMPLOYMENT, PROMOTION, REASSIGNMENT, AND/OR RETENTION.

I, _____, HEREBY AUTHORIZE LOCKHART MANAGEMENT & CONSULTING LLC TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON MYSELF FOR THE PURPOSE OF EVALUATING MY ELIGIBILITY FOR EMPLOYMENT, PROMOTION, REASSIGNMENT, AND/OR RETENTION WITH LOCKHART MANAGEMENT & CONSULTING LLC.

I UNDERSTAND THAT SUCH REPORTS MAY INCLUDE INFORMATION BEARING UPON MY CREDIT WORTHINESS, CREDIT STANDING, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND/OR MODE OF LIVING. I FURTHER ACKNOWLEDGE THAT SUCH INFORMATION MAY BE OBTAINED THROUGH PERSONAL INTERVIEWS WITH ANY PERSON WHO HAS KNOWLEDGE OF SUCH INFORMATION.

I UNDERSTAND THAT I HAVE THE RIGHT TO REQUEST THE COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATIVE CONSUMER REPORT PERFORMED, AND HEREBY ACKNOWLEDGE RECEIPT OF THE FEDERAL TRADE COMMISSION'S SUMMARY OF CONSUMER RIGHTS ENCLOSED HEREIN.

I AUTHORIZE AND REQUEST EVERY PERSON, FIRM, COMPANY, CORPORATION, GOVERNMENTAL AGENCY, COURT, COLLEGE UNIVERSITY, SCHOOL DISTRICT, OR OTHER EDUCATION INSTITUTION, LAW ENFORCEMENT OFFICE, AND ANY OTHER ENTITY HAVING CONTROL OR POSSESSION OF ANY INFORMATION PERTAINING TO ME OR MY BACKGROUND TO FURNISH SAME TO ANY REQUESTING PARTY COMPILING INFORMATION FOR THE PURPOSE INDICATED HEREIN.

Date: _____
Printed Name: _____
Address: _____

Applicant Signature: _____
Social Security No: _____
Date of Birth: _____
Phone: _____

** Responses to these questions are completely voluntary. You need not respond to have your application considered. However, without this information, we may be unable to distinguish you from another in the event we discover adverse information during our background investigation.*