Office 239-514-2940 Toll Free 1-866-688-5123 Fax 239-593-0968 E-mail sales@backgroundsolutionsonline.com

Single user application for Background Investigation

(Print out all 4 pages)

Please fax the completed forms back to us at 239-593-0968

If you prefer you can send them to us at:

Background Solutions Online 2340 Vanderbilt Beach Rd. Suite 108-178 Naples, FL 34109

Once we have received the completed forms along with payment we will conduct the background investigation and return the results to you.

Thank you for your business.

Background Solution Sonline

out this form and return to us. First Name _____ Middle____ Last Name____ Date of Birth _____ Company Name Company Address: Street_____ City____ State Zip Company Phone Number _____ Please enter your Information: First Name Last Name Phone Number _____ Your Email Address: (instructions to retrieve your results on our online system will be sent to this e-mail address) **Please select Your requested Background investigation type:** (Check box) Contractor Pool Service Landscaper Designer Painter Roofer Electrician Nanny | | Plumber │ │ Pet Sitter Baby Sitter Dentist Nurse Lawver | Tenant ☐ Veterinarian ☐ Home Watch Service ☐ Home Security Service Doctor

Please begin by entering the Worker's/Contractor's Information: * You fill

User Certification: * You fill out this form and return to us.

In compliance with the Federal Fair Credit Reporting Act as reformed:	
I (Client, requesting party) hereby certifies to Background Solutions Online a company engaged in the business of procuring consum reports for its clients that:	ıer
1. Client desires to have a consumer report provided for the purpose of evaluating a potential employee/tenant and for no other reason.	
 Client will not request a consumer report for employment/tenant purposes unless: a. The client has provided the applicant/employee a clear and conspicuous disclosure explaining that a consumer report will be obtained for employment purposes; and b. The applicant has signed the disclosure. 	
 3. Client will not take any adverse action against the applicant or employee, which is based, in whole or in part on the consumer report unless the client provides the applicant or employee with: a. A written or verbal notice describing the adverse action that is being taken; b. The name, mailing address, and telephone number of the consumer reporting agency that produced the report; c. A written statement explaining that the reporting agency did not make the decision to take the adverse action and is unable to provide the applicant or employee the specific reasons why the adverse action was taken; d. A copy of the report. 	ng
4. Client agrees that it shall use the consumer report for a one-time use only And it shall hold the report in confidence and shall not disclose it to any third Parties who are not involved in the current employment decision.	
Print Name: Date:	
Sign Name:	

Worker/Contractor Application: * Contractor fills out this form and you return to us. Prospective Employers Name: ______

conduct a verification of infor requested below in this form	has been contracted by your prospective employer to mation in your employment application. The information is required for Background Solutions Online to complete ally complete all of the requested information:	
First Name:	M.I Last Name	
Street Address:	City:	
State:	Zip Code:	
Date of Birth:	Social Security Number:	-
Drivers License Number:	State of Issue:	
Professional License Verificati	on:	
Type of License:	License Number:	
State:	County:	
Insurance Provider Information	on:	
Insurance Company:		
Phone Number:	Policy #:	
Customer References:		
Customer Name:	Phone:	_
Customer Name:	Phone:	_
all or part of the information the release of such information provided. I agree that Backgralso understand that this verimotor vehicle driving record, institutions as well as any oth from all liability any individuato my application.	r understanding that Background Solutions Online will verify provided by me to my prospective employer. I authorize on as may be necessary to verify the information I have round Solutions Online may conduct this verification and I fication may include any inquiry into my credit history, criminal and civil records, previous employers, educational per public record information. I release and hold harmless I or entity requesting or supplying information with respect	ı
Signature of Applicant:	Date	

Form 3: Your Rights Under The <u>Fair Credit Reporting Act:</u> *Give this form to contractor. It does not need to be returned to us.

Please provide the applicant with a copy of this form. The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every consumer reporting agency (CRA). Most CRA's are credit bureaus that gather and sell information about you to creditors, employers, landlords, and other businesses. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment must tell you and give you the name, address and phone number of the CRA. You can find out what is in your file. At your written request, a CRA must give you the information in your file and a list of everyone who has requested it recently. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business. Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give information about you to your employer, or prospective employer without your signed consent.