

Authorization

Authorization: By signing below, you authorize: (a) backgroundchecks.com ("BGC") and/or Orange Tree Employment Screening to request information about you from any public or private information source; (b) anyone to provide information about you to BGC and/or Orange Tree Employment Screening; (c) BGC and/or Orange Tree Employment Screening to provide Employer Solutions Staffing Group, LLC one or more reports based on that information; and (d) Employer Solutions Staffing Group, LLC ("ESSG") to share those reports with others for legitimate business purposes related to your employment. BGC and/or Orange Tree Employment Screening may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an employee of ESSG.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for BGC.

Printed name: _____

First

Middle (none)

Last

Other names used: _____

Current county of residence: _____

Current and former addresses:

<u>8/2016</u> from Mo/Yr	<u>current</u> to Mo/Yr	<u>1495 ROSE APT. 2</u> Street	<u>ST. PAUL MN 55106</u> City, State & Zip
<u>9/2010</u> from Mo/Yr	<u>8/2016</u> to Mo/Yr	<u>302 RUTH APT 4</u> Street	<u>ST. PAUL MN 55109</u> City, State & Zip
_____	_____	_____	_____

Some government agencies and other information sources require the following information when checking for records. BGC will not use it for any other purposes.

8-10-85
Date of birth

411-00-7184
Social security number

Driver's license number & state

Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box:

Signature

Date

Robin Murphy

7/5/17

MINNESOTA
IDENTIFICATION CARD
NOT A DRIVER'S LICENSE

ROBIN JENNIFER GRIGSBY
 897 FULLER AVE
 ST PAUL, MN 55104

Date of Birth 08-18-1965
 Eyes BRN
 Sex F
 Height 4-10
 Weight 128

CLASS ID
 ISSUED 12-2016
 EXPIRES 08-10-2020

Robin Grigsby



MN14125989314

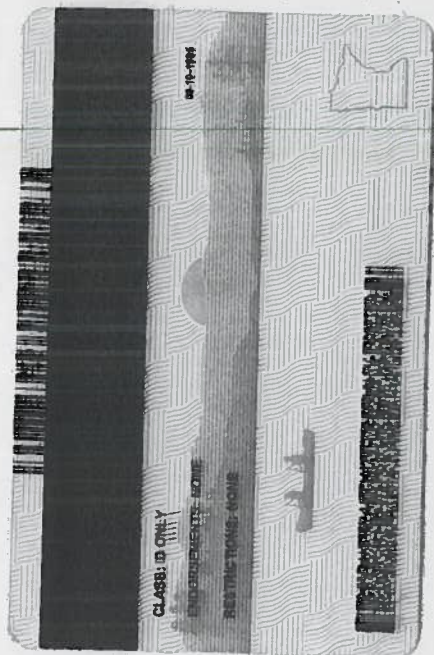
SOCIAL SECURITY

977-067784

THIS NUMBER HAS BEEN ESTABLISHED FOR

ROBIN JENNIFER GRIGSBY

Robin Grigsby
 SIGNATURE



This card is the official verification of your Social Security number. Please sign it right away. Keep it in a safe place. Improper use of this card or number by anyone is punishable by fine, imprisonment or both.

This card belongs to the Social Security Administration and you must return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for any business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration
Form SSA-3000 (6-99)

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