

## 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: Paige Kinjite Powell  
First Middle (none) Last

Other names used: \_\_\_\_\_  
Current county of residence: \_\_\_\_\_

Current and former addresses:

_____	current	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
_____	_____	_____	_____
from Mo/Yr	to Mo/Yr	Street	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.

\_\_\_\_\_ Date of birth      \_\_\_\_\_ 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: .

Paige Powell      July 6, 17  
Signature      Date

**MINNESOTA**  
**IDENTIFICATION CARD**  
**NOT A DRIVER'S LICENSE**



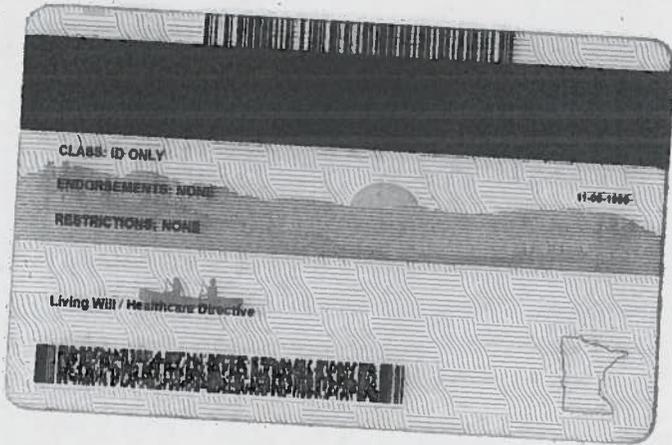
PAIGE KINJITE POWELL  
1237 5TH E #1  
ST PAUL, MN 55106

Date of Birth 11-06-1996  
Sex F Eyes BRN  
Height 5-5 Weight 140



ISSUED 04-2017 EXPIRES 11-06-2020  
*Paige Powell*

Q277150933716



# CERTIFICATION OF VITAL RECORDS

STATE OF ILLINOIS)  
County of Cook)

DAVID ORR, County Clerk

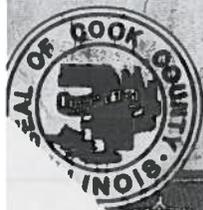
July 15, 2016

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and keeper of the Records and files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which are taken from the records and files in my office. IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

VR-102  
1989 Revision

MATCHING OF REGISTRATION DISTRICT NO. 16.92		STATE OF ILLINOIS		ORIGINAL CHILD'S BIRTH NUMBER	
REGISTERED NUMBER 1567		<b>CERTIFICATE OF LIVE BIRTH</b>		112- 1990 102212	
CHILD'S NAME Paige Kinjite		LAST NAME Powell		DATE OF BIRTH November 6, 1990	
SEX Female		PLACE OF BIRTH Proviso Township		HOURS OF BIRTH 3:40P	
<input checked="" type="checkbox"/> Positive <input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> OTHER (specify)		FACILITY NAME Foster G McGaw		CITY OF BIRTH Cook	
SIGNATURE 1a. Jean Alexandre		DATE SIGNED Nov 6, 1990		ATTENDING PHYSICIAN'S NAME AND TITLE 2160 South First Avenue Maywood, IL 60153	
CERTIFIER'S NAME AND TITLE Jean Alexandre <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> HOSPITAL ADMINISTRATOR		ILLINOIS LICENSE NO. 36-46060		OTHER (specify) 2160 South First Avenue Maywood, IL 60153	
LOCAL REGISTRAR'S SIGNATURE Richard J Billik		DATE FILED BY LOCAL REGISTRAR November 9, 1990			
MOTHER'S NAME AND TITLE Shirley Houston		DATE OF BIRTH January 11, 1943		BIRTH PLACE Mississippi	
RESIDENCE - STREET AND NUMBER 606 South 13th Avenue		CITY, TOWNSHIP, OR RURAL DIST. NO. Maywood		MOTHER'S CITY (same as above) Yes	
COUNTY Cook	STATE IL	MOTHER'S MAILING ADDRESS 60153			
FATHER'S NAME Oscar Powell		DATE OF BIRTH October 3, 1941		BIRTH PLACE Mississippi	
MOTHER'S SIGNATURE Shirley Powell		FATHER'S SIGNATURE Oscar Powell			

4191877



County of Cook  
State of Illinois

Office of County Clerk  
David Orr

*David Orr*  
DAVID ORR COUNTY CLERK



This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

**VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED**