

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN  
COMPLIANCE WITH THE FCRA  
(FAIR CREDIT REPORTING ACT)**

Date: \_\_\_\_\_ Driver Lic.# \_\_\_\_\_ Driver Lic. State \_\_\_\_\_

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Maiden and/or Other Last Names Used

\_\_\_\_\_  
City\*                      County\*                      State\*

\_\_\_\_\_  
Date of Birth\*\*                      Social Security Number\*\*                      Circle  
One\*\*:  
Male  
/Female

BY RETURNING THIS CONSENT FORM VIA EMAIL, I AM GIVING MY EXPRESSED CONSENT TO THE CROSSING TO PERFORM A BACKGROUND CHECK AS DESCRIBED BELOW.

This authorization and consent for release of personal information acknowledges that The Crossing (Hereafter referred to as "Company") and/or its agent, Trak-1 Technology, may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to state driving records; criminal history information of file in local, state or federal agencies; and motor vehicle records. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Trak-1 Technology, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches will be used to determine work assignment or employment eligibility under the company's employment or volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **Trak-1 Technology 3835 W. 10<sup>th</sup> St. Suite 200K, Greeley, CO 80634** at telephone number 1-866-223-8674. After reading this document, I fully understand its contents and authorize the background verification.

**\* AS SHOWN ON THE ORIGINAL APPLICATION**

**\*\* TO BE USED ONLY FOR CRIMINAL HISTORY SEARCHES, AND NOT A PART OF THE PERSONNEL FILE.**

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)      YES      NO  
If YES, please provide an explanation below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?      YES      NO  
If YES, Please provide an explanation below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO  
If YES, Please provide an explanation below:

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4. Have you ever been arrested for molesting or abusing a minor? YES NO  
If YES, please provide an explanation below:

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5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO  
If YES, Please provide an explanation below:

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6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO  
If YES, Please provide an explanation below:

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**THIS SECTION IS TO BE USED TO LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. YOU MUST BE SPECIFIC ABOUT DATES OF RESIDENCE.**

CITY/TOWN	COUNTY	STATE	DATES FROM	TO

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT WILL EXIST AND MAY BE USED AT THE DISCRETION OF The Crossing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant (Print Name) \_\_\_\_\_

Applicant Signature \_\_\_\_\_