



Supplier Services Personnel Risk Assessment (PRA) Application Residence-Based Business

In compliance with Federal and State Equal Employment Opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age marital status, disability (if otherwise qualified), sexual orientation, arrest/conviction record, ancestry or other class protected by law.

CONFIDENTIAL

GENERAL INFORMATION			
APPLICATION DATE	LEGAL NAME (LAST)	(SUFFIX)	(FIRST) (MIDDLE)

LIST ANY OTHER NAMES USED IN THE PAST 7 YEARS

SOCIAL SECURITY NUMBER / DATE OF BIRTH REQUIREMENT: In order to verify the identity of the Applicant, the Social Security Number and Date of Birth is required. However, since this application is from a Residence-Based Business this information will be supplied directly to First Advantage by the Supplier or the Supplier Employee.

Position may require driving personal and/or company vehicle for business purposes.	DRIVER'S LICENSE NO.	STATE ISSUED
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HOME ADDRESS (number and street)	CITY	STATE	ZIP
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HOME PHONE (with area code)	ALTERNATIVE DAYTIME PHONE (with area code)	E-mail Address
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YEARS AT CURRENT ADDRESS	(IF LESS THAN 7 YEARS, LIST ALL OTHER ADDRESSES IN WHICH YOU LIVED DURING THE PAST 7 YEARS)				
	DATE(S)	ADDRESS	CITY	STATE	ZIP

Have you ever had a background screening performed for ATC before? Yes No

If yes, was it as () Employee Candidate () Supplier Employee () Other When? From _____ To _____

Type of service to be Provided to ATC: _____

EDUCATION

Please Indicate the highest level of education that you have received. Check one: () Diploma () Degree

Check one: () High School () Associate
 () Bachelor () Master
 () Doctorate

Years Attended: From _____ To _____

Month/year diploma/degree received: _____

Name of School: _____

School Location: City: _____ State: _____

Major: _____

PROFESSIONAL LICENSES

Type of License	License Number	State	Country of Issue

If you need additional space, please continue on a separate sheet of paper.

EMPLOYMENT HISTORY (INCLUDING MILITARY SERVICES)*Beginning with your present job, list all jobs held within the past 7 years. Include full time volunteer activities.***NOTE: CURRENT AND PAST EMPLOYERS WILL BE CONTACTED.**

CURRENT EMPLOYER				
ADDRESS Street	City	State/Province	Zip/Postal Code	Country
Business Telephone () -	Job Title			
SUPERVISOR				
EMPLOYMENT DATES (Month / Day / Year)				
Start Date ____/____/____				

FORMER EMPLOYER				
ADDRESS Street	City	State/Province	Zip/Postal Code	Country
Business Telephone () -	Job Title			
SUPERVISOR				
EMPLOYMENT DATES (Month / Day / Year)			Reason for Leaving	
Start Date ____/____/____			End Date ____/____/____	

FORMER EMPLOYER				
ADDRESS Street	City	State/Province	Zip/Postal Code	Country
Business Telephone () -	Job Title			
SUPERVISOR				
EMPLOYMENT DATES (Month / Day / Year)			Reason for Leaving	
Start Date ____/____/____			End Date ____/____/____	

FORMER EMPLOYER				
ADDRESS Street	City	State/Province	Zip/Postal Code	Country
Business Telephone () -	Job Title			
SUPERVISOR				
EMPLOYMENT DATES (Month / Day / Year)			Reason for Leaving	
Start Date ____/____/____			End Date ____/____/____	

FORMER EMPLOYER				
ADDRESS Street	City	State/Province	Zip/Postal Code	Country
Business Telephone () -	Job Title			
SUPERVISOR				
EMPLOYMENT DATES (Month / Day / Year)			Reason for Leaving	
Start Date ____/____/____			End Date ____/____/____	

If you need additional space, please continue on a separate sheet of paper.

EMPLOYMENT HISTORY

Please list any lapses (gaps) in employment of 90 days or greater for the past 7 years.

DATE	DESCRIPTION

ADDITIONAL INFORMATION

Do you have any pending criminal charges other than minor traffic violations? Yes No

If yes, complete the following: Alleged offense _____

City and State _____ Date _____

Note: Pending criminal charges are not an automatic bar. Each case is considered on its own merit and in direct relation to the job.

Have you ever been convicted of any misdemeanor or felony that is reportable under federal and/or state law? Yes No

If yes, complete the following:

Offense	Date	City and State	Fine or sentence

Note: Convictions are not an automatic bar. Each case is considered on its own merit and in relation to the job.

Are you now or have you ever been listed on the U.S. Department of Commerce's Denied Person's List? () YES () NO
If yes, please explain.

INTERNATIONAL TRAVEL: Please indicate any travel outside the United States for the past seven (7) years:

Date (Mo/Yr)	Length of Visit	Country(ies) Visited	Purpose

If you need additional space, please continue on a separate sheet of paper.

Background Screening/Substance-Abuse/Drug Testing Disclosure and Release of Information Authorization

I authorize American Transmission Company LLC and ATC Management Inc., its corporate manager (know collectively as ATC) and its approved consumer-reporting agency provider, to retrieve information from all personnel, educational institutions, government agencies, companies and corporations (including present employer), personal references, credit reporting agencies and law enforcement agencies at the federal, state or county level, relating to my past activities. I authorize these entities to supply any and all information concerning my background to ATC and its approved consumer-reporting agency. The information received may include, but is not limited to, academic, residential, achievement, job performance, attendance, litigation, personal history, driving records, and criminal history records. I understand some or all of this information may be transmitted electronically and authorize such transmission. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information.

I understand a Consumer Report or Investigative Consumer Report ("Consumer Report") will be prepared detailing this information and provided to ATC. If my current and prior employers are contacted, the report may include information obtained through personal interviews regarding my character and general reputation. I am employed by a Residence- Based Business, and I acknowledge that ATC will receive the full background screening and substance abuse/drug testing report from the consumer-reporting agency. I further understand that my social security number and date of birth is confidential and this information will not be released to ATC.

I understand substance-abuse testing/drug testing is a requirement to provide services to ATC. I consent to this testing and understand I must pass the substance-abuse test/drug test as a condition of service. I hereby authorize any physician, laboratory, hospital or medical professional to conduct such testing and release the results to authorized representatives of ATC and/or ATC's approved consumer-reporting agency. I understand only test results will be provided and no other medical information about me will be disclosed to anyone. I understand some or all of this information may be transmitted electronically and authorize such transmission.

I hereby certify all the statements and answers set forth on this application form are true and complete to the best of my knowledge, and I understand that if any such statements and/or answers are found false or information has been omitted, such false statements or omissions will be just cause to render me ineligible to provide services to ATC. I agree that ATC shall not be held liable in any respect because of false, incomplete or misleading statements, answers or omissions made by me in this application. *I am willing that a photocopy or facsimile copy of this authorization be accepted with the same authority as the original; and that if contracted by ATC, this authorization will remain in effect throughout the period of the contract.*

Applicant Name (please print)

Applicant Signature (seal)

Date Signed

Current home address for Applicant (Street, City, State, Zip)

Name of Applicant's Current Employer

Witness Verification (For Disabled/Non-English Speaking Applicants Only):

The signature below signifies that a representative designated by the Applicant's current employer interpreted/translated/assisted the Applicant with the completion of this Personnel Risk Assessment Application due to an impairment (i.e., disability, non-English speaking, etc) with the Applicant.

Supplier Representative (please print)

Supplier Representative Signature

Date Signed

Questions regarding this application form and/or our background screening procedure should be directed to ATC Infrastructure Security at 262-506-6199.



AN EQUAL OPPORTUNITY EMPLOYER

SUMMARY OF RIGHTS UNDER FCRA

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 – such as if you pay your bills on time or have filed bankruptcy- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under the state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- 1. 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 that provided the consumer report.
- 2. You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- 3. You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs--to which it has provided the data--of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- 4. Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- 5. You can dispute inaccurate items with the source of the information.** If you tell anyone--such as a creditor who reports to the CRA--that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you have notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

PLEASE GIVE THIS DOCUMENT TO YOUR EMPLOYEE.

6. **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old, ten years for bankruptcies.
7. **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.
8. **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
9. **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
10. **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051

PLEASE GIVE THIS DOCUMENT TO YOUR EMPLOYEE.