

IMPORTANT DISCLOSURE

FCRA Required Clear and Conspicuous Notice

Please read before completing and signing the Employment ProFile Form.

I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES.

I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE PERFORMED BY HUMAN RESOURCE PROFILE AND PROVIDED TO MY PROSPECTIVE/CURRENT EMPLOYER. I ALSO UNDERSTAND THAT I HAVE CERTAIN RIGHTS THAT ALLOW ME TO DISPUTE ANY ERRONEOUS INFORMATION CONTAINED IN MY REPORT.

I FURTHER UNDERSTAND I HAVE A RIGHT TO MAKE A REQUEST TO HR PROFILE, UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature	Date
• •	onsumer reports we order on you are defined as investigative consumer or, general reputation, personal characteristics and mode of living.
You may also obtain a copy of this file upon submitting proper ic ProFile in person or by mail. You may also receive a summary	ew the file maintained on you by HR ProFile during normal business hours. lentification and paying the costs of duplication services, by appearing at HR of the file by telephone. The agency is required to have personnel available by coded information appearing in your file. If you appear in person, a person rnishes proper identification.
YES, I am a California Applicant and I request to rechecking this box.	eceive a free copy of any investigative consumer report ordered on me by
YES, I am a California Applicant and I hereby waive m	y right to obtain a copy of the consumer report by checking this box.
well as the address and telephone number of said consumer reportin New York applicants only: By checking here, I acknowledge Law and that I wish to receive a copy of any Report obtained by the consumer reporting agency. Massachusetts, Minnesota, New Jersey, & Oklahoma the Employer from HR ProFile by placing a checkmark here. (Check California, Connecticut, Hawaii, Illinois, Maryland, applicable): I understand that the Employer will not obtain inform capacity unless the information is substantially job related, and the information is considered for positions whose essential functions ir managerial positions (as defined by the State Labor Laws), a positi account credit card, or money transfers, a position with authority	that I have received the attached copy of Article 23A of New York's Correction Employer from HR ProFile as well as the address and telephone number of said applicants only : I have the right to request a copy of any Report obtained by
Human Resource ProFile, Inc.	

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