

BACKGROUND INVESTIGATION AUTHORIZATION
For Permissible Client Screening

I, _____, understand that in connection with the application process **Lasting Impression Therapeutic Counseling Center, LLC** hereafter referred to as "*The Company*", will request that Global Data Fusion, LLC., conduct a background check (*consumer report*) on me.

I AUTHORIZE THE COMPANY, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS TO INVESTIGATE MY BACKGROUND AND TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT FOR CLIENT SCREENING PURPOSES. I FURTHER AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE COMPANY ITS AGENTS, ITS EMPLOYEES, REPRESENTATIVES AND AGENTS, TO FURNISH INFORMATION REQUIRED IN CONNECTION WITH THE PREPARATION OF A CONSUMER REPORT OR INVESTIGATIVE CONSUMER REPORT.

My signature below, indicates I have carefully read and understand this notice and consent to the release of a consumer report to *The Company* for client screening purposes. I understand my consent remains in effect indefinitely until it has been revoked in writing.

Background Investigation / Consumer Report Authorization

Date: _____

(Signature)

Background Investigation Disclosure Questionnaire
For Permissible Client Screening

Please answer the following questions below, only after the authorization is signed on page 1.

Lasting Impression Therapeutic Counseling Center, LLC pre-screens all applicants. This policy was enacted for the protection of our customers / clients.

APPLICANT NAME:

(First) _____ / (Middle) _____ / (Last) _____

SSN#: _____ Race: _____ Gender: _____

CURRENT ADDRESS:

/Street/ _____ /City/ _____ /State/ _____ /Zip/ _____

PREVIOUS ADDRESS: _____
(List all previous address in the last 7 years. Use additional pages if necessary.)

DRIVER'S LICENSE: *(number/state)* _____ / _____

DATE OF BIRTH¹: *(month/date/year)* _____ / _____ / _____

LAST SCHOOL ATTENDED: _____ City/State _____

DEGREE REC'D: _____ **YEAR GRADUATED:** _____

CURRENT EMAIL ADDRESS(S): _____

¹ Your birth date is needed to process your background investigation. Information regarding your birth date is intended solely for purposes of the background investigation itself and nothing more.



Background Investigation Disclosure Questionnaire (cont.)
For Permissible Client Screening

The information provided by me will be the basis for the search of public records, which will include, but not be limited to, a search for criminal arrests/convictions, warrants, civil filings, social security number trace, past employment, bankruptcies, department of motor vehicle records, business filings, educational confirmation, articles of incorporation/limited partnership records, and drug test.

I indemnify and hold harmless, Lasting Impression Therapeutic Counseling Center, LLC , any of its agents, and any person providing the requested information, from any liability and all damages whatsoever, resulting from the acquisition, use, retention, or disclosure of any such information. I will not hold Lasting Impression Therapeutic Counseling Center, LLC, or their employees, or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.

If any adverse decision is made with regard to my application (if any) based entirely or in part on the information contained in the background report, I understand I will be notified as to the basis of that decision and given a copy of the report, as well as a summary of my applicable rights.

I have provided complete and truthful information to Lasting Impression Therapeutic Counseling Center, LLC and fully understand that any misrepresentations or material omissions concerning the information provided will be grounds for denying my application, or immediate discharge.

Applicant Initials _____

BACKGROUND CHECK REQUESTED BY: _____ Date _____

(School Name)

(By signing, I authorize that a photocopy or facsimile of this form serves as the original)
