



All addresses for the last SEVEN (7) years: (attach additional pages if necessary)

1.	_____	_____	_____	_____	_____	_____
	Street (Current Address)	City	County	State	Zip	Dates: From-To
2.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Dates: From-To
3.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Dates: From-To
4.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Dates: From-To
5.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Dates: From-To
6.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Dates: From-To
7.	_____	_____	_____	_____	_____	_____
	Street	City	County	State	Zip	Dates: From-To

I, _____ (**Applicant Name – Printed**) instruct and authorize *Superlative RM* and/or their agent to obtain a consumer report(s) (or background check report(s)) on me, including any investigative consumer reports and any consumer credit reports.* I also agree that a copy of this form is valid like the signed original.

The consumer reporting agency (CRA) ADP Screening and Selection Services, Inc. (ADP SASS) will conduct the background check and prepare the background check report for the Company. ADP SASS is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933, or at www.adpselect.com.

I understand that, as allowed by applicable law, the Company may rely on this authorization to order additional background check reports, including investigative consumer reports and any consumer credit reports* (1) during my employment or time as a volunteer or independent contractor, as applicable, and (2) from any CRA other than ADP SASS without asking me for my authorization again. I understand the Company may order background check report(s) under my legal name and any other names I may have used.

I also instruct and authorize the following persons, agencies, and entities to disclose to ADP SASS and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. As allowed by law, such disclosures may contain the following information pertaining to me: credit history*; public records; a Social Security number verification; driving records; military service; credentials/certifications; worker’s compensation injuries; and verification of prior employment and education.

*I understand that I am instructing and authorizing the Company to obtain a consumer credit report only to the extent permitted by law. If I reside or anticipate being employed in New York City, I understand that I am not being asked to authorize a consumer credit report by signing this document.

By signing below, I understand that I am agreeing to the terms contained in this document.

Applicant Signature _____ **Date** _____ **D.O.B.** _____ **SSN** _____ - _____ - _____