Media Direct Sales, LLC
BACKGROUND CHECK AUTHORIZATION FORM

(1) BACKGROUND INVESTIGATION QUESTIONNAIRE (COMPLETE ALL AREAS):

Name: _____ _____ _____ Social Security #: _____
LAST FIRST MIDDLE

Current Address: _____ _____ _____ _____ _____
NUMBER & STREET COUNTY CITY STATE ZIP

Cell Phone: _____ Alt Phone: _____

Other Name(s): _____ _____
Used within last 7 years (maiden, other married name, etc) Year of Name Change

Driver's License Information: _____ _____ _____
STATE NUMBER EXPIRATION DATE

Date of Birth: _____ Race: _____ Gender: _____
mm/dd/yyyy

Previous Residential Addresses (Last 7 years)

Previous Address: _____ _____ _____ _____ From: _____ To: _____
NUMBER & STREET CITY STATE ZIP month & year month & year

Previous Address: _____ _____ _____ _____ From: _____ To: _____
NUMBER & STREET CITY STATE ZIP month & year month & year

Have you ever been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations? _____

Are you currently charged or under investigation for any violation of the law other than a minor traffic violation? _____

(2) AUTHORIZATION AND GENERAL RELEASE:

I hereby authorize *Media Direct*, ***all of it's subsidiaries and affiliates and any employee or agent, including*** *HireRight Solutions, Inc.* ***to request and receive any information and records concerning me, including but not limited to consumer, criminal record history, driving, employment, military and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, consumer reporting agencies and other entities, including my present and previous employers. I further release and discharge*** *Media Direct* ***and all of its subsidiaries and affiliates, and every employee or agent including*** *HireRight Solutions, Inc.*, ***and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to*** *HireRight Solutions, Inc.* ***for a complete and accurate disclosure of additional information concerning the nature and scope of the Investigation. I acknowledge that I have voluntarily provided for employment purposes the above information, and I have carefully read and I understand this authorization.***

NOTICE: HireRight Solutions, Inc. ***requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with*** *HireRight Solutions, Inc.* ***background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.***

_____ _____
SIGNATURE DATE