



**CBI Services**  
**Flint Hills Refinery**  
Background check

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Craft

Union Hall # \_\_\_\_\_

	Jry	App
<input type="checkbox"/> Carpenter	___	___
<input type="checkbox"/> Laborer	___	___
<input type="checkbox"/> Boilermaker	___	___
<input type="checkbox"/> Ironworker	___	___

Return paperwork using one of the following methods:

CBI Services

Attn: Kris Hirst

**Email:** kris.hirst@FHR.com

**US MAIL :** PO Box 64596 St. Paul MN 55164-0596

**FAX:** 316-828-9285

## Consent to Obtain Consumer Reports for Employment Purposes

In connection with, and for the duration of my employment (including contract for services) with you, I understand that you may obtain consumer reports for employment purposes that relate to my criminal and driving history. This information will, in whole or in part, be obtained from AISS, a Sterling Infosystems Company, 6111 Oak Tree Blvd, 4<sup>th</sup> floor, Independence, OH 44131, telephone 800.853.3228. I understand that you may be requesting information from various federal, state and other agencies.

AISS will treat this information in strict confidence and not utilize or sell any information except for the stated purpose to perform background checks for employment at FHR Facilities.

I authorize, without reservation, any party, institution, or agency contacted by AISS or this employer to furnish the above mentioned information:

Applicant Name	Date of Birth	Social Security Number
Alias/Previous Name(s)	Email Address:	
Current Address	City & State	Zip Code
Driver's License #	State	Prospective Employer

California, Minnesota & Oklahoma Applicant Only: Please check here to have a copy of your consumer report sent directly to you. Minnesota and Oklahoma applicants will receive a copy directly from AISS. California applicants may receive a copy from either the prospective employer or AISS.

### Notice to California Applicants

Under section 1786.22 of the California Civil Code, you have the right to request from AISS, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which AISS has previously furnished within the two-year period preceding your request. You may view the file maintained on you by AISS during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your reports via telephone.

Under section 1786.16(a)(2)(B)(vi) of California Civil Code and Section 1024.5 of California Labor Code, you are notified that a credit report may be ordered if you are applying for a position involving access to confidential or proprietary information.

### Notice to New York Applicants

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A or the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:

Pre-Employment

Reason (s) for using CBSV: (Please select all that apply)

- Mortgage Service
- Banking Service
- Background Check
- License Requirement
- Credit Check
- Other

with the following company ("the Company"):

Company Name: Flint Hills Resources  
 Company Address: P.O. Box 64596, St. Paul MN 55164

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

Sterling Backcheck  
1 State Street Plaza, 24th Floor, New York, NY 10004

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:

This consent is valid for 90 days from the date signed. \_\_\_\_\_ (Please Initial.)

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Relationship (if not the individual to whom the SSN was issued): \_\_\_\_\_

Contact information of individual signing authorization:

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Form SSA-89 (06-2013)

**Privacy Act Statement**

SSA is authorized to collect the information on this form under Sections 205 and 1108 of the Social Security Act and the Privacy Act of 1974 (5 U.S.C. § 552a). We need this information to provide the verification of your name and SSN to the Company and/or the Company's Agent named on this form. Giving us this information is voluntary. However, we cannot honor your request to release this information without your consent. SSA may also use the information we collect on this form for such purposes authorized by law, including to ensure the Company and/or Company's Agent's appropriate use of the SSN verification service.

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. Send to this address only comments relating to our time estimate, not the completed form.

TEAR OFF

**NOTICE TO NUMBER HOLDER**

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit <http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf>