



**AUTHORIZATION FOR BACKGROUND CHECKS
AND CONSUMER INVESTIGATIONS**

ALL APPLICANTS/EMPLOYEES MUST READ AND SIGN BELOW

Consent to Disclosure of Information. I hereby grant permission to Madison Industrial Services Team, Ltd. and any of its affiliated companies (collectively referred to herein as the Company) and/or its clients, subsidiaries, and insurance representatives to investigate my previous employment, educational background, character references, criminal history, driving record and any other information included in the application, my resume, any other attachments to the application, or otherwise disclosed or obtained during the employment process. I understand that the Company or any of its clients may conduct a background investigation to determine my suitability for current and continued employment with the Company or to work on a Company client's facility. I further authorize the release of personal information, including all identifying information such a social security numbers, to any of The Company's clients, or other third parties, in order conduct any background investigation and/or ensure security and accountability.

I acknowledge and understand that I have hereby received notice in compliance with the Fair Credit Reporting Act that The Company or its clients may seek to procure information regarding my character, general reputation, personal characteristics or mode of living from a consumer reporting agency. I hereby grant permission to the Company and its clients to conduct or cause to be conducted such an inquiry.

This authorization shall remain on file and in effect as an ongoing authorization for the Company or any of the Company's clients to obtain consumer investigations and reports relating to me at any time during my employment with the Company, including subsequent employment if separated or laid off. If I am not hired or if any adverse action is taken by the Company based in whole or in part on the information from a consumer reporting agency, I will be entitled to a copy of the report and a description of my rights relating to the report. I will be furnished a copy of any such consumer report upon written request. Any information obtained from a consumer reporting agency will not be used in violation of any federal or state equal opportunity law or regulation.

I further authorize Madison its employees, agents and insurance representatives to review and use such information for any lawful purpose, and waive any claim or cause of action against Madison its employees, subsidiaries agents, and insurance representatives pertaining to any such request, review or use conducted in accordance with the release. I understand that upon my written request, the Company shall make a complete and accurate disclosure of the nature and scope of such investigation if one is made.

Name: _____ /_____/_____
(please print) First Middle Last DOB

Address: _____ City: _____ ST _____ Zip _____

County: _____ Craft _____ Local # _____

SS No.: _____ - _____ - _____ Drivers License Number: _____ State: _____

Signature: _____ Date: _____