ClutchGroup
Global Legal Solutions

CONSENT AND DISCLOSURE FORM

I understand that Clutch Group ("Clutch") may utilize the services of an outside company as part of the procedure for processing my application for employment and performing a background check. I also understand if my application for employment is granted, Clutch may obtain further information through subsequent investigations so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information concerning civil judgments and liens, as well as any information about my criminal conviction background consistent with federal and state law.

I understand that I have the right to receive notice about the nature and scope of any investigative consumer report requested within five (5) days after Clutch receives my request or five (5) days after the investigative consumer report was requested, whichever is later.

☐ By checking the box, I indicate that I wish to receive further disclosure about the nature and scope of any Clutch request for an investigative consumer report

I understand that before I am denied employment based, in whole or part, on information obtained in an investigative consumer report, I will be provided a copy of the report. I understand if I disagree with the accuracy of any information in the report, I must notify Clutch within five (5) business days of my receipt of the report. If I notify Clutch within five (5) business days of the receipt of the report that I am challenging information in the report, Clutch will not make a final decision on my employment status until after I have a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Clutch to procure an investigative consumer report on my background. In order to verify my identity for the purpose of the background investigation I am voluntarily releasing my date of birth for my own benefit and fully understand that age is not a consideration of employment.

First Name _____ Last Name _____ Middle Name/Initial _____

Date of Birth (MM/DD/YY) _____ Other Names Known By _____

Current Address _____ # of Years at this address _____

City _____ State _____ Zip Code _____

Previous Address _____ # of Years at this address _____

City _____ State _____ Zip Code _____

Driver's License Number _____ State _____ Social Security Number _____

SIGNATURE _____ DATE _____