## CONSUMER REPORT DISCLOSURE AND AUTHORIZATION

In connection with my application for employment, and from time to time during my employment (if hired), I authorize Dream Team of LA, Inc. ("Dream Team") to obtain a consumer report and/or consumer investigative report from a consumer reporting agency. I understand this information, if obtained, may be used, in whole or in part, for the purpose of serving as a factor in establishing my eligibility for employment, promotion and/or continued employment. A consumer report may include, but not be limited to, information relating to credit standing, character, general reputation, personal characteristics, driving record, criminal history and mode of living.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Dream Team from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand that, upon written request within a reasonable period of time, I may request disclosure of the nature of the investigation requested, if any. I also understand that I may request a copy of a written summary of the rights of a consumer under the Fair Credit Reporting Act.

I have read the above consumer report disclosure, and authorize Dream Team to obtain a consumer report.

NAME (PRINT)	
SIGNATURE	
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I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and employment history that may be relevant to the evaluation of this application and I hereby release any such persons, schools, companies, and law enforcement authorities from any liability for damages whatsoever for issuing this information to this Company and/or its agents, and hereby release the Company for its receipt and use of such information.

I hereby acknowledge and agree that if employed by Company, such employment relationship is at-will; that is, I would be free to resign from the Company whenever I wish, and the Company is restricted from terminating any employee at any time for any or no reason.

I further understand that my employment with the Company will not be for any specific fixed period or term. At no time, shall any oral statement by management of the Company be construed as giving rise to or creating a contact of employment between the Company and me or any other employee, or to otherwise alter or modify the at-will nature of the employment relationship.

I understand that the Company prohibits the use or possession of controlled substances and/or alcohol on its premises as outlines in the Company's Drug and Alcohol Policy. As required by the Company's Drug and Alcohol Policy, I am willing to submit to a drug testing to detect the use of illegal drugs prior to and during employment.

This application will remain valid for only sixty (60) days. After this time, it will be necessary for you to fill out another application in order to be considered or employment.

DREAM TEAM OF LA, INC. is an equal opportunity employer of all qualified persons. DREAM TEAM OF LA, INC. does not discriminate on the basis of race, color, national origin, gender, region, handicap, or disability, age, veteran status or any other legally protected status or classification in any of its policies, procedures, or practices in compliance with the Title VII of the Civil Rights Act of 1964(pertaining to race, color, region, gender, and national origin), Section 504 of the Rehabilitation Act of 1973 (pertaining to handicap), the American with Disabilities Act of 1990 (pertaining to disability), and the Age Discrimination in Employment Act of 1975 (pertaining to age). The non-discrimination policy covers hiring and employment at DREAM TEAM OF LA, INC.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with this company terminated.					
Signature	Date				



## State Police Inquiry Authorization and Release

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	Applicant'	s Signa	ture			Date		

Rev 04/2019

Applicant's Signature

Phone: 985-503-7911 Fax: 877-993-0661 PO Box 3083 Slidell, LA 70459

https://BR-Solutions.net

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