



# Consumer Background Search Authorization and Liability Release

The purpose of this form is to notify me that a *Consumer Background Report* will be conducted on me in the course of consideration for employment or placement with or through Interweave Production Group.

I understand that this report may be used to make decisions about my employment, including one or more of the following: hiring, firing, promotion, reassignment and access to facilities. According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency.

The investigation will be conducted by Parkin Security Consultants, 160 Albright Way, Suite D, Los Gatos, CA 95032, phone 888-931-9900. I understand Interweave Production Group has asked them to perform a background check on me and to prepare a report that will include Social Security Number verification; civil record check for seven years; Department of Motor Vehicles search; other:\_\_\_\_\_. I hereby authorize all public and private record holders of such information to release same to Parkin Security Consultants.

I understand that I have the right to inspect the report at the investigative agency's offices during normal business hours and after reasonable notice to the agency. I can also inspect the report by certified mail or by telephone. I must show proper identification, pay for any costs involved with the inspection and have the right to be accompanied by one other person who must also show proper identification. The investigative agency will explain any of the information in the report and will provide a written explanation of any coded information. I understand that I may request additional information about the nature and scope of the investigation and a summary of my rights under the consumer reporting laws.

I release Interweave Production Group and Parkin Security Consultants, Inc., their employees, officers, and representatives and all other persons from all claims, liability, and damages that may result from negligently investigating, furnishing, communicating, reviewing, or evaluating information pursuant to this investigation and from the use of the report. This release means I am waiving claims for negligence, misrepresentation, emotional distress, invasion of privacy and any other negligent act. I expressly intend that this release is as broad and inclusive as is permitted by law. Also, if any portion of this release is held invalid, the balance will continue in full legal force.

I have read this Notice, Authorization and Liability Release and agree with each of its terms. I voluntarily authorize Parkin Security Consultants, Inc. to conduct an investigation of me and to provide a report of their finding to Interweave Production Group. I authorize a FAX or photocopy of this release to be as valid as the original.

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Other names used: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License Number / State: \_\_\_\_\_ / \_\_\_\_\_

Current address: \_\_\_\_\_  
Number Street Apt.# City State Zip

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I wish to receive a copy of my background report: Yes   
Send the copy to me at this home, e-mail or other address: \_\_\_\_\_

**Fax this signed release to Parkin Security Consultants at: 408-871-7140**