

**AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A  
CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT  
(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize **Southern States Offshore**, and its affiliates (“**Southern States Offshore**”) and **EMPLOYERS RESOURCES, LLC** to procure a consumer report and/or investigative consumer report on me for the purpose of employment screening or for determining continued employment. I hereby declare that the answers to the questions on this application are correct and that any misstatement or omission of fact will be sufficient cause for rejection of my application or separation should I become employed by **Southern States Offshore**.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Southern States Offshore**, by and through **EMPLOYERS RESOURCES, LLC** including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I have been advised and understand that under the provisions of the Fair Credit Reporting Act, 15 U.S.C. 1681, et seq., that any person who produces or causes to be prepared an investigative consumer report on any consumer, upon written request made by the consumer within a reasonable period of time after the receipt by him/her of the disclosure required by subsection (a) (1) of section 1681d, shall make a complete and accurate disclosure of the nature and scope of the investigation requested. This disclosure shall be made in writing, mailed or otherwise delivered, to the consumer not later than five days after the date on which the request for such disclosure was received from the consumer or such report was first requested, whichever is the later. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I understand that proper identification will be required and that I should direct my requests to the company listed below in order to request a copy of my consumer report.

**Employers Resources, LLC, P.O. Box 61987, Lafayette, Louisiana 70596, 866-936-7569; respond@employersresources.net**

I hereby release and agree to hold harmless, **Southern States Offshore, EMPLOYERS RESOURCES, LLC** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized. I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment can be terminated based on any false, omitted or fraudulent information.

**If applying for employment in California, Minnesota, Oklahoma or Alaska:**  
**I would like a copy of any consumer report regarding me.    YES    NO**

Signature: \_\_\_\_\_

Legal Printed Name: \_\_\_\_\_  
First Middle (full) Last SFX

Other Names / Aliases or Maiden: \_\_\_\_\_

Social Security \_\_\_\_\_ Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ Gender\* \_\_\_\_\_

Driver's License \_\_\_\_\_ State of Issuance \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please provide your addresses for the last (7) years. State of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State/Zip

Former Address: \_\_\_\_\_  
Street City State/Zip

Former Address: \_\_\_\_\_  
Street City State/Zip

- Have you ever been arrested, convicted or adjudicated of a crime? Yes\_\_\_ No\_\_\_
- Have you ever been convicted in a military court martial? Yes\_\_\_ No\_\_\_
- Have you ever been sanctioned or had your license suspended or revoked? Yes\_\_\_ No\_\_\_
- Are you currently under any investigation or pending charge? Yes\_\_\_ No\_\_\_