

AUTHORIZATION FOR CONSUMER REPORTS

In connection with my employment, promotion, reassignment, and/or retention with my employer and placement to provide contract services for BP, the employer and BP may obtain consumer reports regarding my character, general reputation, personal characteristics, or mode of living.

I hereby authorize any party or agency contacted by the employer or BP, such as First Advantage Enterprise Screening Corporation, 805 Executive Center Drive West, Suite 300, St. Petersburg, FL 33702 (Toll Free Number: 1-800-321-4473 ext. 8) and its affiliates ("First Advantage"), to furnish any background information and any reports. I understand that I have the right to request from First Advantage, upon proper identification and the payment of any legally permissible fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the reports at any time during my application process, employment or contract for services.

I also authorize and request any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish First Advantage with any and all of my background information that may relate to my identity, criminal records, driving record, education, prior employment, and other similar information so that the employer and BP may evaluate me.

I also agree that a fax or photocopy of this authorization with my signature be accepted with the same authority as the original.

I hereby release and hold harmless the following parties from all liability and responsibility that may arise in obtaining information on my background check: First Advantage, my Employer, BP, and any entity that provides information pursuant to this authorization.

Before any adverse action is taken, based in whole or in part on the information contained in the report, I will be provided a copy of the report, and the name, address and telephone number of the reporting agency.

Last First Middle Initial

Street Address

City State Zip

Social Security Number: Drivers License # State of Issue

The following is for identification purposes only to perform the background check:

Date of Birth: Mo Day Year Race: Gender (M or F)

Other or Former Names:

Professional License:

State: Type: Number:

List your last three employers

Company Name

Company Address

Phone

List three personal references *(Optional)*

Name

Address

Phone

Comments *(Optional)*

Signature

Date

Submitting Company Use Only

Submitting Company:

Submitted By:

Date Submitted: