



**DRIVER/APPLICANT DISCLOSURE AND AUTHORIZATION  
(IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION)**

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**LCI-Quality Connection Transportation, Inc-MD** (“the Company”) may obtain information about you from a consumer reporting agency for employment purposes. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your criminal background history, education and/or employment history conducted by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Occuscreen, LLC, 200 Grand Blvd., Suite 200, Vancouver, WA 98661, 888-833-5304, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original. **I authorize both the employer and Logisticare Solutions, LLC to have access to the above referenced information.**

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*This information will be used for background screening purposes only.



Employer: LCI- Quality Connection  
Transportation, Inc-MD

Phone: **240-510-0782**

Requested By:

**SERVICES REQUESTED (Check all that apply)**

- Initial Background/MVR Package – Social Trace, County Records, National Database, MVR, Sex Offender, 7 year history
- Renewal Package - County Records, National Database, MVR, 1 year history

In order to process your application, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last **seven (7)** years.  
**PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.**

<b>First Name:</b>		<b>Middle Initial:</b>
<b>Last Name:</b>		
<b>Social Security Number:</b>		<b>Birth Date:</b>
<b>Current Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Drivers License #:</b>		<b>State:</b>
<b>Other Names Used (previous 7 years only):</b>		
1.	2.	
3.	4.	

Please provide City and County information for your residence covering a period of seven (7) years, beginning with your most current address.

City	County	State	Zip	From ____ To ____
				From ____ To ____
				From ____ To ____
				From ____ To ____
				From ____ To ____