





# Memo

Sirna & Sons Produce

**To:** All new Hires  
**From:** Management  
**CC:** EMS  
**Date:** 11/8/2013

**RE:** Criminal background check for Employees hired after 11/1/2013

---

**This policy applies to New Hires that are hired on or after November 1, 2013**

Sirna & Sons requires a criminal check for all full-time and part-time employees upon hire once a conditional offer of employment has been extended by the hiring manager.

Although a disqualification is possible, in accordance with Federal and State laws, a previous conviction does not automatically disqualify an applicant from consideration for employment with Sirna & Sons. Depending on a variety of factors (for example, the nature of the position, the nature of the conviction, age of the candidate when the illegal activity occurred), the candidate may still be eligible for employment with Sirna & Sons.

However, if an applicant attempts to withhold information or falsify information pertaining to previous convictions, the employee will be disqualified from further employment consideration in any position with the company due to falsification of an application.

An offer of employment may be extended to an applicant prior to the completion of the criminal conviction check. However, the applicants first day of work in the position must not be prior to the satisfactory completion of the criminal conviction check.

# EMS

Employment Management Services

## FAIR CREDIT REPORTING ACT DISCLOSURE & RELEASE

This form is to be used whenever a consumer report must be obtained to verify employment history, driving record, criminal conviction record and other public information.

### Part 1 Disclosure:

By this document, Employee management Services (EMS) and on-site EMS employer, discloses to you that a consumer report may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Please sign below to signify receipt of the foregoing disclosure.

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

Print Full Name (First, Middle, Last): \_\_\_\_\_ S.S.# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

### Part 2 Release:

In exchange for consideration for employment at EMS customer company location, and all the related EMS companies and divisions, I hereby authorize the release to EMS, its customer company, its agents, and all employees of EMS customer company location of information held by any parties regarding my current and past employment, my record of convictions for violations of any federal, state, and local statues, laws, and ordinances, my credit history, my workers' compensation history, and/or my driving record. I hereby release and hold harmless EMS, its Customer Company and all individual companies, and law enforcement authorities from any and all liabilities for any and all damages whatsoever for the release and dissemination of this information. I understand that any investigation into my background is for employment purposes only and, that EMS and its customer company cannot vouch for or guarantee accuracy of information provided by third parties. Accordingly, I release EMS, its customer company, its agents and employees, from any and all liabilities arising from any erroneous or mitted information that may be obtained and disseminated pursuant to this release.

I certify that I have reviewed the forgoing information supplied to me and that it is true and correct to the best of my knowledge. I also authorize that a copy of the release be as valid as an original.

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

Date of Birth (Mo. /Day/Yr.): \_\_\_\_\_ Date: \_\_\_\_\_

The area below must be completed before background check will be performed. The EMS HR Representative will fax this form to the CBS Corporate Cinnccinnati office. Provide the EMS Employment Application if the education and/or past & present employment verification will be checked.

EMS HR Representative Name: \_\_\_\_\_

EMS Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

HR Representative's Confirmation of Applicants Name: \_\_\_\_\_

Confirm SS#: \_\_\_\_\_ Confirm Date of Birth: \_\_\_\_\_

EMS Client: \_\_\_\_\_

### CHECK DESIRED OPTIONS

Conviction History \_\_\_\_\_ Workers' Compensation \_\_\_\_\_ Credit \_\_\_\_\_

Motor Vehicle \_\_\_\_\_ Employer Verification \_\_\_\_\_ Education \_\_\_\_\_

# EMS

## Employment Management Services

**NAME OF FORM:** Fair Credit Reporting Act Disclosure & Release, [5-PRE]

**PURPOSE:** To verify the applicants statements regarding their criminal, Employment Verification, Driving Records, Education, Credit, Motor vehicle and/or Workers Compensation History.

**WHO COMPLETES IT:** Applicant/Employment Interviewer

**WHEN TO COMPLETE:** When the employment interviewer is ready to make a job offer, typically after the application for employment has been filled out and the initial interview is complete.

**\*Due to the cost of the service, background checks should only be done when there is intent to hire\***

**HOW TO COMPLETE:** The Applicant is to print the following information on the appropriate lines: Name, Street Address, City, State, Zip Code, Social Security Number, Date of Birth, Driver's License Number and State of Issuance.

**\*Client checks the appropriate box(es) to indicate the service(s) to perform\***

**THE COST OF A BACKGROUND CHECK:** The cost will vary depending on the category(ies) selected.

**HOW TO PAY FOR THIS SERVICE:** You will be billed through your EMS Payroll invoice.

**WHERE TO SEND AFTER COMPLETION:** Mail or fax the form to your EMS HR Specialist, along with the completed EMS Employment Application.



UNITED AGENCIES  
I N S U R A N C E G R O U P

Re: MVR Requests

Following please find a disclosure required under the Fair Credit Reporting Act and a short Driver Questionnaire for your use in requesting Motor Vehicle Reports.

There were various legal rulings made regarding the use of MVR's for underwriting and employment purposes.

We are now required to use these forms prior to actually ordering MVR's. They can be faxed or emailed. Please feel free to copy these as needed.

Do not hesitate to contact us with any questions.

Thank you,

1422 Euclid Ave # 900, Cleveland, OH 44115  
(216) 696-8044

**Disclosure: Fair Credit Reporting Act & Consent  
To Procurement of Consumer Report**

The undersigned authorizes Sirna & Sons Produce and/or its Insurance Agency, United Agencies, or its assigns, to obtain a copy of a Motor Vehicle Report pertaining to me for employment purposes, and for use in underwriting for which the above employer may apply, and renewal thereof. I understand that in obtaining the report, a consumer reporting agency will be used, and I do hereby authorize such use.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Driver Questionnaire  
(To be completed by each driver)

Name of Driver: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security#: \_\_\_\_\_

Driver's License#: \_\_\_\_\_

State: \_\_\_\_\_

Please list *ALL* accidents and violations you have been involved in, (even if not at fault), in the past three years:

Description & Date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the above information is complete and accurate to the best of my knowledge and belief.

Date: \_\_\_\_\_

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

Please send completed form to Joann via fax: #216-916-4871 or email to:  
jjustus@uainc.com