

US Declaration of Understanding and Consent for Background Checks

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

I understand that **College of Optometrists of British Columbia** will use BackCheck, 701 Fifth Ave., 42nd Floor, Seattle WA, 98104-5119, Toll-Free Phone: 1-877-308-4663, to obtain a consumer report and/or investigative consumer report ("Report") as part of the hiring process. I understand BackCheck's investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted. I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

This consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if **College of Optometrists of British Columbia** makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify **College of Optometrists of British Columbia** within five business days of my receipt of the Report that I am challenging the accuracy of such information with BackCheck. I hereby consent to this investigation and authorize **College of Optometrists of British Columbia** to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons. The name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is:

BackCheck, 701 Fifth Ave., 42nd Floor, Seattle WA, 98104-5119, Toll-Free Phone: 1-877-308-4663

California, Colorado, Connecticut, Maryland, Oregon, Vermont and Washington State Applicants Only (AS APPLICABLE): I further understand that **College of Optometrists of British Columbia** will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless: (i) the information is required by law; (ii) I am seeking employment with a financial institution (California, Colorado, Connecticut and Vermont only – in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code and in Vermont it must be a financial institution as defined in 8 V.S.A. § 11101(32) or a credit union as defined in 8 V.S.A. § 30101(5)); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) I am seeking employment in a position which involves access to confidential financial information (Vermont only); (v) I am seeking employment in a position which requires a financial fiduciary responsibility to the employer or a client of the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts (Vermont only); (vi) **College of Optometrists of British Columbia** can demonstrate that the information is a valid and reliable predictor of employee performance in the specific position being sought or held; (vii) I am seeking employment in a position that involves access to an employer's payroll information (Vermont only); (viii) **the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing, (complete the question below)** (Connecticut, Colorado, Maryland, Oregon and Washington only); (ix) I am seeking employment as a covered police, officer, peace officer or other law enforcement position (California, Oregon and Vermont only - in Oregon the police or peace officer position must be sought with a federally insured bank or credit union), and in Vermont the law enforcement officer position must be as defined in 20 V.S.A. § 2358, the emergency medical personnel must be as defined in 24 V.S.A. § 2651(6), and the firefighter position must be as defined in 20 V.S.A. § 3151(3)); (x) the **College of Optometrists of British Columbia** reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only), (xii) I am seeking a position with the state Department of Justice (California only), (xiii) I am seeking a position as an exempt managerial employee (California only), or I am seeking employment in a position that involves regular access to personal information of others (i.e., bank or credit card account information, social security numbers, dates of birth), other than regular solicitation of credit card applications at a retail establishment, I am seeking employment in a position that requires me to be a named signatory on the employer's bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of **College of Optometrists of British Columbia** or regular access to \$10,000 or more in cash (California only).

Bona fide reasons why College of Optometrists of British Columbia considers credit information substantially job related (complete if this is the sole basis for obtaining credit information) or in California and Vermont the College of Optometrists of British Columbia's basis for the credit check.

NY Applicants Only: I also acknowledge that I have received the attached copy of Article 23A of New York's Correction Law. I further understand that I may request a copy of any investigative consumer report by contacting BackCheck. I further understand that I will be advised if any further checks are requested and provided the name and address of the consumer reporting agency.

California Applicants and Residents: If I am applying for employment in California or reside in California, I understand I have the right to visually inspect the files concerning me maintained by an investigative consumer reporting agency during normal business hours and upon reasonable notice. The inspection can be done in person, and, if I appear in person and furnish proper identification; I am entitled to a copy of the file for a fee not to exceed the actual costs of duplication. I am entitled to be accompanied by one person of my choosing, who shall furnish reasonable identification. The inspection can also be done via certified mail if I make a written request, with proper identification, for copies to be sent to a specified addressee. I can also request a summary of the information to be provided by telephone if I make a written request, with proper identification for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or directly charged to me. I further understand that the investigative consumer reporting agency shall provide trained personnel to explain to me any of the information furnished to me; I shall receive from the investigative consumer reporting agency a written explanation of any coded information contained in files maintained on me. "Proper identification" as used in this paragraph means information generally deemed sufficient to identify a person, including documents such as a valid driver's license, social security account number, military identification card and credit cards. I understand that I can access the following website - <http://www.backcheck.net/privacy.htm> - to view BackCheck's privacy practices, including information with respect to BackCheck's preparation and processing of investigative consumer reports and guidance as to whether my personal information will be sent outside the United States or its territories.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Candidate Signature:

X

Date: (yyyy/mm/dd)▼

/ /

Consent Form B

Declaration of Understanding and Consent for Background Checks

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

I hereby consent to this investigation and authorize **College of Optometrists of British Columbia** to procure a Report on my background.

| | | | |
|--|------------------------------|----------------------|---|
| Given Name(s): ▼ | | Middle Name(s): ▼ | |
| Surname: ▼ | | | Gender: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male |
| Maiden Name: ▼ | Alias First Name: ▼ | Alias Middle Name: ▼ | Alias Last Name: ▼ |
| Current Address: ▼ | | | |
| Unit # | Street # | Street Name | Zip Code |
| Current Address Continued: ▼ | | | Years at Address |
| City | | State | Country |
| Previous Address – if less than 7 years ago: ▼ | | | |
| Unit # | Street # | Street Name | Zip Code |
| Previous Address Continued: ▼ | | | Years at Address |
| City | | State | Country |
| Date of Birth: (yyyy/mm/dd) ▼ | US Social Security Number: ▼ | E-Mail Address: ▼ | |
| / / | | | |
| Driver License Number: ▼ | State: ▼ | Telephone Number: ▼ | Ext |

Please print your full name: ▼

| | |
|-------------------------------|-----------------------------|
| Candidate Signature: X | Date: (yyyy/mm/dd) ▼ / / |
|-------------------------------|-----------------------------|

California, Maine, Massachusetts, Minnesota, New Jersey and Oklahoma Residents Only:

If you would like to receive a copy of your consumer report obtained by BackCheck, please indicate by checking the following box:

| | | |
|--|---------------------|-----------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Signature: X | Date: (yyyy/mm/dd) ▼ / / |
|--|---------------------|-----------------------------|

Consent for Disclosure of Personal Information 10 Year Address History

To ensure accuracy, you must PRINT in clear CAPITAL letters and complete this form in its entirety.

| | | | | |
|----------|---|----------|-------------|------------------|
| 1 | Previous Address – if less than 10 years ago: ▼ | | | |
| | Unit # | Street # | Street Name | Zip Code |
| | Previous Address Continued: ▼ | | | Years at Address |
| | City | State | Country | |

| | | | | |
|----------|---|----------|-------------|------------------|
| 2 | Previous Address – if less than 10 years ago: ▼ | | | |
| | Unit # | Street # | Street Name | Zip Code |
| | Previous Address Continued: ▼ | | | Years at Address |
| | City | State | Country | |

| | | | | |
|----------|---|----------|-------------|------------------|
| 3 | Previous Address – if less than 10 years ago: ▼ | | | |
| | Unit # | Street # | Street Name | Zip Code |
| | Previous Address Continued: ▼ | | | Years at Address |
| | City | State | Country | |

| | | | | |
|----------|---|----------|-------------|------------------|
| 4 | Previous Address – if less than 10 years ago: ▼ | | | |
| | Unit # | Street # | Street Name | Zip Code |
| | Previous Address Continued: ▼ | | | Years at Address |
| | City | State | Country | |

| | | | | |
|----------|---|----------|-------------|------------------|
| 5 | Previous Address – if less than 10 years ago: ▼ | | | |
| | Unit # | Street # | Street Name | Zip Code |
| | Previous Address Continued: ▼ | | | Years at Address |
| | City | State | Country | |

| | | | | |
|----------|---|----------|-------------|------------------|
| 6 | Previous Address – if less than 10 years ago: ▼ | | | |
| | Unit # | Street # | Street Name | Zip Code |
| | Previous Address Continued: ▼ | | | Years at Address |
| | City | State | Country | |

| | | | | |
|----------|---|----------|-------------|------------------|
| 7 | Previous Address – if less than 10 years ago: ▼ | | | |
| | Unit # | Street # | Street Name | Zip Code |
| | Previous Address Continued: ▼ | | | Years at Address |
| | City | State | Country | |

| | | | | |
|----------|---|----------|-------------|------------------|
| 8 | Previous Address – if less than 10 years ago: ▼ | | | |
| | Unit # | Street # | Street Name | Zip Code |
| | Previous Address Continued: ▼ | | | Years at Address |
| | City | State | Country | |

| | | | | |
|----------|---|----------|-------------|------------------|
| 9 | Previous Address – if less than 10 years ago: ▼ | | | |
| | Unit # | Street # | Street Name | Zip Code |
| | Previous Address Continued: ▼ | | | Years at Address |
| | City | State | Country | |

| | |
|-------------------------------|-----------------------------|
| Applicant Signature: X | Date: (yyyy/mm/dd) ▼ / / |
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Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS: | CONTACT: |
|---|---|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. | a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006 |
| b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau: | b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357 |
| 2. To the extent not included in item 1 above: | |
| a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks | a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 |
| b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act | b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations | c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 |
| d. Federal Credit Unions | d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314 |
| 3. Air carriers | Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590 |
| 4. Creditors Subject to Surface Transportation Board | Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423 |
| 5. Creditors Subject to Packers and Stockyards Act | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission 100 F St NE Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration 1501 Farm Credit Drive Mclean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357 |