

Step 1: Click the Green button to complete your personnel history questionnaire and consent form

TEST TEST,

1. If a drug screening is required, you will receive your registration form within 2 business hours of completing the link.
2. Click the link to complete the personnel history questionnaire and consent form needed to conduct your background review. You have 48 hours to complete this process. Failure to do so will result in an expiration of this offer. If you have any questions, please call Tamera Blackwell at ESS. She can be reached at 866-859-0143.

CONTINUE

Step 2: Read and Fill out information on:

Authorization to Conduct Electronic Transaction Page

I further understand and acknowledge that my electronic signature will be binding as though I had signed a paper version of this document. I agree that a printout of this Authorization to Conduct Electronic Transaction may be accepted with the same authority as the original electronic version.

Please type your full name:* _____

Please type today's date:* _____

Please type your date of birth:* _____

Please type your Social Security Number:* _____

CONTINUE

Step 3: Click continue to continue

Disclosure of Procurement of Consumer Report

Please be advised that **Vaccination Services of America, Inc. d/b/a Totalwellness - Southern Company** ("the Company") may obtain information about you from a third party consumer reporting agency to evaluate your eligibility for site access or for employment purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, or mode of living.

- End of Document -

CONTINUE

Step 4: Click continue to continue

Disclosure Regarding Investigative Consumer Report Background Investigation

The Company may obtain an "investigative consumer report" about you from a third party consumer reporting agency in order to evaluate your eligibility for site access or for employment purposes. This report may include information about your character, general reputation, personal characteristics, and mode of living, and it may involve personal interviews with sources such as your neighbors, friends, associates, as well as past and present employers, coworkers, references or others. You have the right, upon written request to the Company made within a reasonable period of time after receipt of this notice, to request a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request a summary of your rights under the federal Fair Credit Reporting Act.

- End of Document -

CONTINUE

**Step 5: Complete the Southern Company Authorization form with any applicable information.
(All required information is RED, then click the green continue button)**

Southern Company Authorization Form

Consent to Release Information for Drug/Alcohol Screening and/or Background Investigation

Contract Company (Your Employer)::* _____ •

I, the undersigned Individual, understand that my employer named above has contracted to perform services for one or more Southern Company affiliates ("Company"). I also understand that the contract requires my employer to have drug/alcohol screening and/or background investigations conducted on some of its employees or potential employees.

In consideration of my being considered eligible to perform services for my employer under the contract with Company, I willingly and voluntarily consent to drug/alcohol screening and/or a background investigation and to the release of all information pertaining to my drug/alcohol screens and/or background investigations and results to my employer and to authorized representatives of Company. I acknowledge that this consent does not secure my future employment or affect any "at will" employment relationship with my employer.

I also acknowledge and agree that if I engage in conduct prohibited by Company's Drug/Alcohol Screening and Background Investigation Standards, I will be subject to disciplinary action, potentially including removal from Company's work site, denial of future access to all Company facilities and work sites, and restriction from performing work in the future for Company or for any contractor on behalf of Company.

Step 6: Review your Summary of Rights and click the green continue button:

Summary of Rights

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

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 20552.**

- **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.

Step 7: Review all specific state notices (if applicable) and click the green button on each page to continue:

[Regarding Background Checks Per California Law](#)

[California Notice Regarding Credit Checks](#)

[San Francisco Residents or Applicants Only Notice](#)

[Los Angeles Residents or Applicants Only](#)

[Notice Regarding Background Checks Per New York Law](#)

[State Disclosures: VT, WA, NJ, MN, OK](#)

CONTINUE

Step 8: Click print if you would like to print any documents, then click continue to submit your personnel history questionnaire and consent form.

If you would like to download or print a copy of the preceding document(s), please click the "Print" button below. Once you are finished, click "Continue" to place your order.

PRINT

CONTINUE

Step 9: Review order report and fill out any remaining red boxes on this page. *Note some information may not carry over so you may have to fill it in again*****

Profile

TEST	TEST	Middle
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Street Address • 01/11/1999

City • ST • Zip Code • 123-45-6789

Email •

Phone •

+ Additional Names to Search

+ Additional Addressee to Search

Upload Required Document(s)

Want a free copy of your report?

by email

by fax

Yes, you may contact me if needed at

Phone _____

Background Information

need help f

Swifthire Consent 1 Selected

Step 10: Click the green order button to the right when everything is finished

