

EXECUTIVE TEMPS

We Give Temps A Good Name

ATTACHMENT B-1

BACKGROUND CHECK DISCLOSURE/AUTHORIZATION FORM

Please Print (Use blue or black ink)

Last Name:			
First Name:			
Middle Name:			
Former Names Used:			
Social Security Number (will be used for identification purposes only): ____ - ____ - ____			
Date of Birth (will be used for identification purposes only): __/__/__			
Education (please include dates):			
Current Address:			
City	State	Zip	From __/__/__ To __/__/__ Years __
Previous Address:			
City	State	Zip	From __/__/__ To __/__/__ Years __
Previous Address:			
City	State	Zip	From __/__/__ To __/__/__ Years __
Previous Address:			
City	State	Zip	From __/__/__ To __/__/__ Years __

DISCLOSURE

The Fair Credit Reporting Act, as amended by the Consumer Reporting Reform Act of 1996, requires that we advise you that for purposes of employment, promotion, reassignment or continued employment with Spherion Corporation and/or its affiliates (the "Company"), a consumer report and/or investigative consumer report (i.e. background check) may be obtained by the Company, which may include information on your education, former employers, motor vehicle and felony and related misdemeanor records. It may also include information related to your creditworthiness, credit standing, credit capacity, general reputation or mode of living. If you are not employed as a result of a consumer report and/or investigative consumer report, the Company will notify you in writing and provide you with a copy of the report, the name, address and telephone number of the provider of the report, and a description of your rights as a consumer as prescribed by the Federal Trade Commission under Section 609 (c) (3) [§1681g].

AUTHORIZATION

During the application process, and at any time during your employment, you hereby authorize the Company to procure a consumer report and/or investigative consumer report, which may require the release of information from your personnel record/file to the consumer reporting agency preparing the consumer report and/or investigative consumer report.

By signing below, you confirm that you have been advised of, understand and will be subject to the above-stated policy.

Applicant Signature

Print Name

Date

SELECT ONE:

- I do wish to receive a copy of the above-referenced background checks.
- I do not wish to receive a copy of the above-referenced background checks.

(For California and Minnesota Offices Only)