

# OCCUSCREEN, LLC CLIENT CERTIFICATION FORM

## CLIENT ACCOUNT INFORMATION

**Company Name:** Veteran Mortgage  
**Street Address:** 2731 Wetmore Avenue, Suite 305  
**City:** Everett      **State:** WA      **Zip:** 98201-3571  
**Phone:** 425-212-5920      **Fax:** 425-212-5925  
**Contact:** Angie  
**Email:** info@americanfreedomgroup.com

## **Veteran Mortgage (Client) does certify the following:**

**Client will use the information for employment purposes only, and will:**

- Disclose to the applicant that a consumer report will be ordered-
- Obtain written permission from the applicant before ordering any reports-
- Not violate any applicable Federal, State or Local equal employment opportunity statutes, codes, or regulations regarding the procurement and use of consumer credit reports-
- Give a copy of the final report to every applicant that has requested one by checking the checkbox on the release form. (California Assembly Bill 1068)-*

**When refusing to hire/promote someone, based, in whole or in part, on information provided by Occuscreen, LLC, the client will follow procedures outlined in the FCRA and CACC including:**

- Notify the applicant adverse action may be taken.
  - Provide to the applicant the "Pre-adverse Action" letter.
  - Provide the applicant a copy of the report.
  - Provide the applicant a copy of the "Summary of Your Rights".

After an appropriate time period...

- Notify the applicant adverse action has been taken.
  - Provide to the applicant the "Adverse Action" letter.
  - Provide the applicant a copy of the report.
  - Provide the applicant a copy of the "Summary of Your Rights".

**The undersigned agrees to abide by the terms and conditions of the Fair Credit Reporting Act, 15 U.S.C. 1681, and any subsequent amendments thereto; and the California Civil Code Sections 1785 and 1786, and any subsequent amendments thereto.**

**Client agrees to indemnify and hold harmless Occuscreen, LLC, its principals, employees and agents from any and all liability, loss (including attorney's fees), or damage it may suffer as the result of claims, demands, costs, or judgments against them arising out of the activities to be carried pursuant to this agreement. This Agreement is governed by and shall be constructed and entered in accordance with the laws of the State of Oregon, notwithstanding the fact that the Agreement may have been executed and conducted in another state. The parties further agree that any litigation of a dispute arising out of or**

relating to this Agreement shall be conducted in the Circuit Court of Clackamas County, Oregon.

**Terms:** Occuscreen, LLC will deliver to Customer every month an invoice reflecting the fees due for services performed. Terms are net 30 and customer agrees to pay accordingly. Any account becoming 60 days delinquent shall, at Occuscreen, LLC's discretion, be placed on hold resulting in the discontinuance of work in progress. Any account becoming 90 days delinquent shall be deemed to be in "collection status" and may, at Occuscreen, LLC's discretion, be sent to a collection agency. Customer agrees to pay all reasonable attorney fees on Occuscreen, LLC's behalf.

The undersigned agrees to abide by the terms and conditions of the Fair Credit Reporting Act, 15 U.S.C. 1681, and any subsequent amendments thereto; and the California Civil Code Sections 1785 and 1786, and any subsequent amendments thereto

Please print or type:

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

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

**Occuscreen, LLC** Date: \_\_\_\_\_

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



The clear choice in employment screening.

Phone 888-833-5304

Fax 877-464-5656

www.occuscreen.com

operations@occuscreen.com

Client: Veteran Mortgage Location: Everett Phone: 425-232-5920 Requested By: \_\_\_\_\_

SERVICES REQUESTED (Check all that apply)

- COUNTY CRIMINAL RECORDS MOTOR VEHICLE REPORT SOCIAL SECURITY TRACE
MORTGAGE BROKER PACKAGE (COUNTY AND FEDERAL CRIMINAL)

DISCLOSURE AND RELEASE

In connection with my application for employment/promotion/ (including contract for services) with you, I understand that consumer reports, which may contain public information, may be requested from Occuscreen. I authorize, without reservation, any party or agency contacted by Occuscreen or one of its agents to furnish above-referenced information. I have the right to make a request of Occuscreen, upon proper identification, of the nature and substance of all information in its files on myself at the time of my request, including the sources of information; and the recipients of any reports on myself, which Occuscreen has previously furnished within the two year period preceding my request. I request a copy of the consumer report.

SIGNATURE

DATE

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 AND IN INK.

Grid for name and social security number: FIRST, MIDDLE (Required), LAST, SOCIAL SECURITY NUMBER, BIRTH DATE

CURRENT ADDRESS: STREET ADDRESS, APT #, CITY, STATE, ZIP

DRIVERS LICENSE STATE

OTHER NAMES USED (previous 7 years only) FROM TO

PLEASE PROVIDE CITY AND COUNTY INFORMATION FOR YOUR RESIDENCE COVERING A PERIOD OF SEVEN (7) YEARS BEGINNING WITH YOUR MOST CURRENT ADDRESS

Table with columns: CITY, COUNTY, STATE, ZIP, FROM, TO

## CLIENT ACCOUNT INFORMATION

Client Name: Veteran Mortgage Contact: Angie  
Email: info@americanfreedomgroup.com Phone: 425-212-5920

### REPORTING METHOD (Please choose only one)

Please provide information on the method of delivery for reports.

*(Note that the Occuscreen, LLC data and tracking system is internet and email based; requesting reports by fax will cause delays while the documents are converted.)*

**Receive reports by email**

Reports will be sent to the following specified email addresses as an Adobe Acrobat (.pdf) attachment. Adobe Acrobat Reader will be required to view the reports. It is available for no charge at <http://www.adobe.com/support/downloads/acrwin.htm>

Email address 1: \_\_\_\_\_

Email address 2: \_\_\_\_\_

**Receive reports by secure fax machine**

Reports will be sent to the following secure fax number.

Secure fax number: \_\_\_\_\_

**I understand and accept full responsibility for maintaining the security and confidentiality of these reports to this fax number.**

Representative: \_\_\_\_\_

Title: \_\_\_\_\_

**FAX THIS DOCUMENT TO OCCUSCREEN, LLC OPERATIONS AT 877-464-5656**