

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that in connection with your application for employment, ARAMARK, through its agent Truescreen, Inc., may procure a consumer report on you as part of the process of considering your application. Such a report may include criminal background checks, motor vehicle driving record checks, consumer credit checks and verification of information you have provided on your application. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, ARAMARK will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that ARAMARK may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that ARAMARK make a complete and accurate disclosure of the nature and scope of the information requested.

By signing below, I hereby authorize all entities having information about me, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to Truescreen, Inc. I also release all persons and entities disclosing or providing such information from any claims, liability or damages related to or arising out of such release of information.

This release and authorization shall remain valid and in effect during the term of your employment or contract. ARAMARK reserves the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

I authorize that a telephonic facsimile (FAX) or photocopy of this authorization be accepted with the same authority as the original.

Date _____ Authorized Signature _____

Print Full Name: _____

Date of Birth: ____/____/____* Social Security #: _____-_____-_____

Driver's Licenses Number: _____ State of Issue: _____

Current Residence Address: _____

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

Please supply the following education information:

What was your name at the time of degree receipt? _____

- Date of Birth required for background investigation purposes only, and will be used for no other purposes.