NOTICE, AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I, the undersigned consumer, do hereby authorize **EATON NATIONAL BANK & TRUST CO.** to procure a consumer report and/or investigative consumer report on me for employment purposes. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with **EATON NATIONAL BANK & TRUST CO.** for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **EATON NATIONAL BANK & TRUST CO**., including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared by the consumer reporting agency of which I am the subject upon my written request to **EATON NATIONAL BANK & TRUST CO.**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment may be terminated based on any false, omitted, altered or fraudulent information.

Signature:_____ Date:_____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Printed

Name:_____

First **Middle** **Last**

Other Names Used (alias, maiden, nickname)_____YEARS USED_____

Current Address:_____

Street /P. O. Box City State Zip Code County Dates

Former Address:_____

Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ **Daytime Telephone Number**: _____

Driver's License Number: _____**State of Issuance**: ____*__**Date of Birth**__: _____ *__**Gender**__: _____

- **Providing DOB and gender information is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of our background search.**