

Violent Crime Control and Background Consent Form

DISCLOSURE STATEMENT (pertains to Section A)

Under the Federal Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. § 1033(e) a person may not engage in the business of insurance if the individual has been convicted of a felony involving dishonesty or breach of trust, unless the individual has the written consent of an insurance regulatory official authorized to regulate the insurer. If a person is convicted of a felony between annual notification dates, he or she agrees to notify **Alacrity Services LLC** promptly, but no later than 10 days after the conviction.

Furthermore, **Alacrity Services LLC** discloses to you that as part of a background investigation of your activities, an investigative consumer report may be obtained at any time during the contractual relationship with **Alacrity Services LLC**. An investigative consumer report may include personal information as to your character and general reputation.

CONSENT FORM TO RELEASE INFORMATION (pertains to Section B)

I understand that in consideration of my application to perform network services with **Alacrity Services LLC**, an investigation may be conducted of my background. I authorize personal references and others with whom I am acquainted to provide information concerning my ability, character, military service and credit history. I release all persons, including credit bureaus, and government agencies from any liabilities or damages for having furnished such information. I hereby authorize **Alacrity Services LLC**, **Mega Online Group**, and/or **Experian Credit Client Services** and/or its agents to conduct such an investigation, and release **Alacrity Services LLC**, including its officers, employees, agents and representatives from all liability or responsibility for this investigation. I understand that the information requested below regarding date of birth, race and sex is for the sole purpose of gathering accurate information, and will not be used to discriminate against me in violation of any law. A telephonic facsimile (fax) or a photographic copy of this authorization shall be as valid as the original.

Alacrity Services LLC will take reasonable steps to prevent, to the extent reasonably practical under the circumstances, unauthorized disclosure or distribution of information disclosed either on this request form or any subsequent investigative consumer report.

*** Section A (Must be completed by everyone on the Owner/Employee/Sub List)**

Full Name Printed _____ Signature _____ Date 2011

Company Name PAUL DAVIS RESTORATION OF N. FLORIDA File # _____

If Subcontractor, Subcontractor Company Name _____

Have you ever been convicted of a felony? (Circle or X) no yes

If Yes, Date of conviction _____ and County convicted in _____

a. Describe in detail the criminal act committed: _____

b. Type of punishment or penalty received as a result of the conviction: _____

Section B (Must be completed all legal owners, managers, supervisors and crew chiefs.)

Applicant Signature _____ Social Security # _____

Date of Birth _____ Race N/A Sex _____

Home addresses for past seven years:

Street/City/State

ZipCode

Name of COUNTY

From mo/yr

To mo/yr

1. _____
2. _____
3. _____
4. _____