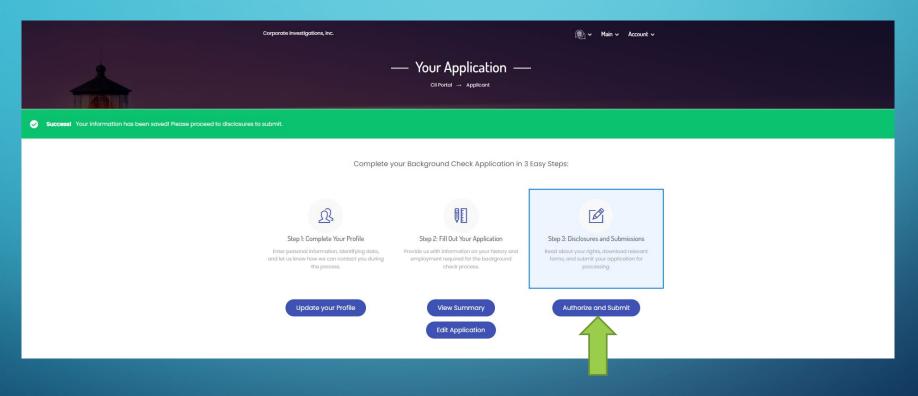
# **Step 3: Disclosures and Submissions**

The final step of the application you will Read about your rights, download relevant forms, and submit your application for processing.



Click Authorize and Submit to begin finalizing your application.

### **Applicant Disclosure**

Copy and

Paste the

inside the

box.

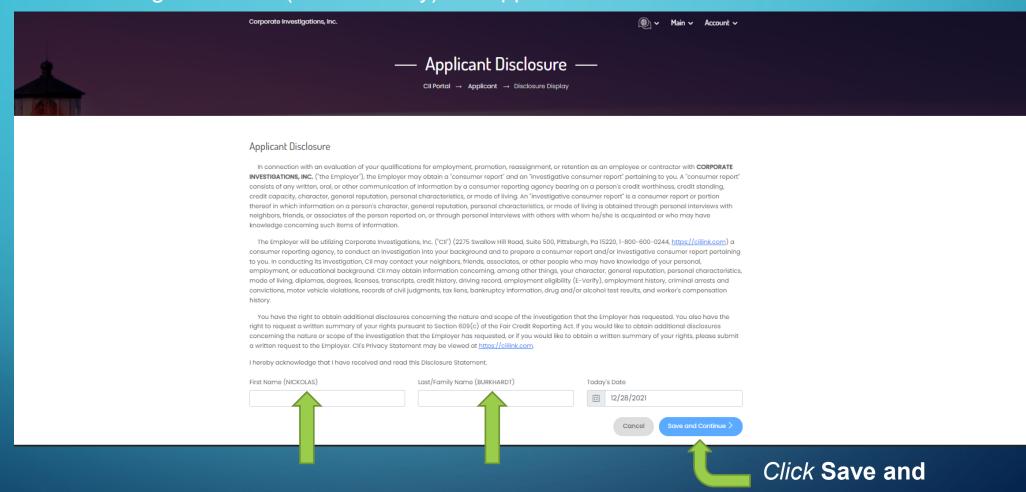
name from

parenthesis

into the text

Read and then sign and date (electronically) the Applicant Disclosure.

Note: Enter you name exactly as it is showing.

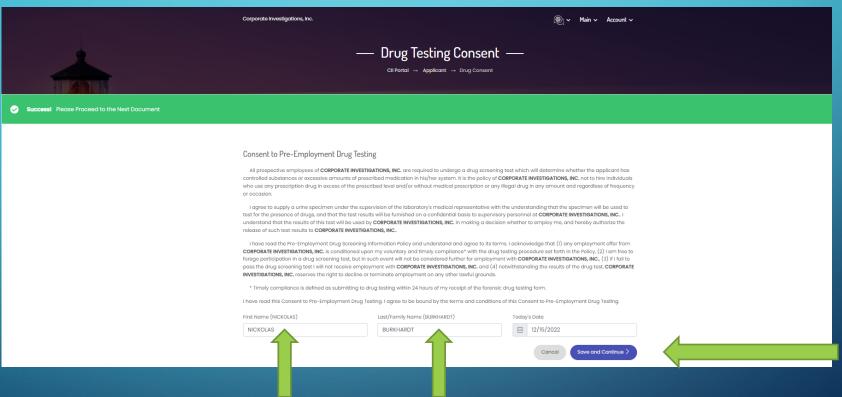


Continue.

# **Drug Testing Consent**

If the position you are applying for you requires a drug screening test, will need to sign a **Drug Testing Consent**.

Read and then sign and date (electronically) the Data Privacy Notice.



Click Save and Continue.

Note: Enter you name exactly as it is showing.

Tip:

Copy and Paste the name from inside the parenthesis into the text box.

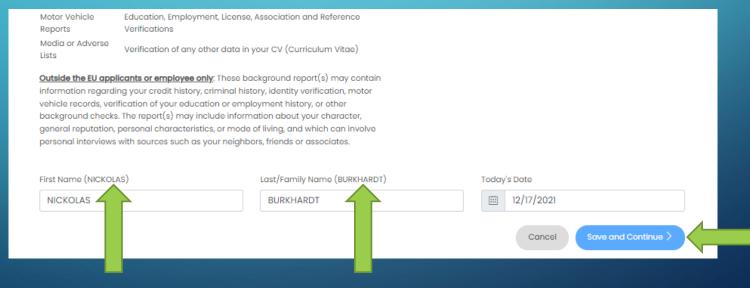
#### **Data Privacy Notice**

Read and then sign and date (electronically) the Data Privacy Notice.

# — Data Privacy Notice — CII Portal → Applicant → Privacy Notice EUROPEAN UNION (EU) EMPLOYERS PLEASE CHECK THE APPLICABLE BOXES BEFORE HAVING APPLICANT SIGN [IMPORTANT - PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION] DATA PRIVACY NOTICE CORPORATE INVESTIGATIONS, INC. ('The Employer') may obtain information about you to verify and investigate your background for pre-employment or employment purposes from third particles, including coproparted investigations, inc., 2275 Swellow Hill Road, Building 500, Pittsburgh, PA 15220, 1–12: -429-2400 ('Reporting Agency'). Information you have or will supply, may be disclosed to third parties, including agents or vendors of the above named entities, law enforcement agencies, state or federal agencies, courts, institutions, schools or universities (public or privato), information service bureaus, employers, employees or insurance companies to verify and investigate your background. In accordance with the host nation's laws and the laws applicable to you, depending on your location, regarding the release of information, you understand that information may

#### Tip:

Copy and Paste the name from inside the parenthesis into the text box.

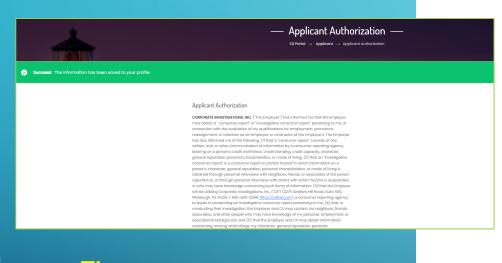


Click Save and Continue.

Note: Enter you name exactly as it is showing.

## **Applicant Authorization**

Read and then sign and date (electronically) the Applicant Authorization.



In authorizing this investigation, I will voluntarily provide the supplemental data requested on the attached Supplemental Data Form, to ensure that any records which are located which may refer to a person with a name that is identical or similar to mine are properly determined as referring to, or not referring to, me. I understand that I do not have to provide the supplemental data, and that if I do it will be used only in connection with this investigation. Additionally, I certify that I, the undersigned applicant, have personally completed the Supplemental Data Form and any supporting documents required to conduct my background check.

I hereby release the Employer, CII, and any persons providing information to the Employer or CII from any and all liability that may arise in connection with the above-described background investigation.

By typing my first name, last name, social security number and forwarding it to CII, I acknowledge that I have read and understand and accept the Authorization and Release Agreement. I understand and agree that my electronic signature is the equivalent of a manual signature and that Corporate Investigation, Inc. may rely upon it as such.

If I am hired as an employee or retained as a contractor, this electronic authorization will remain on file and shall serve as an ongoing authorization for the Employer to obtain consumer reports and investigative consumer reports at any time during my employment or contractual relationship with the employer.

I further agree that copies of this Authorization and Release that show my signature are as valid as the original Authorization and Release that I have signed.

Before signing this Authorization and Release, I have had the opportunity to review this document with anyone of my choosing, including an attorney.

First Name (NICKOLAS)

Last/Family Name (BURKHARDT)

BURKHARDT

Social Security Number (SSN) or Tax Identification Number (TIN)

000000000

Today's Date

iii 12/17/2021

Check Here if you do not have a SSN/TIN

Canaal

Save and Continue >

Tip:

Copy and Paste the name from inside the parenthesis into the text box.

Note: Enter you name exactly as it is showing.

Check box if you do not have a Social Security Number

Click Save and Continue.