## ARBITRATION AGREEMENT

## (This Agreement cannot be altered, or else it is rendered null and void)

is an a	applicant/employee (the "Applicant/Employee")
for employment with	(the "Prospective Employer/Employer") and
understands that the Prospective Employer/Emplo	yer will request that a Background Check be
performed on him/her by Human Resource ProF	File, Incorporated ("HRP") as a condition of
employment.	
For good and valuable consideration, include	ling prospective or continued employment, the
sufficiency of which is hereby acknowledge	ged, the Applicant/Employee, Prospective
Employer/Employer and HRP (hereinafter referred	to individually as a "Party" and collectively as
the "Parties") hereby agree that any and all claims or	r causes of action against a Party(ies) by another
Party(ies) under the Fair Credit Reporting Act ("FCI	RA") or any other applicable federal or state law,
whether based in tort, contract or other basis, which	arises in any way from the Background Check
Report, disclosures required under the FCRA or	state law, any adverse action taken by the
Prospective Employer/Employer or by HRP on beha	lf of the Prospective Employer/Employer, or any
other alleged violations of federal, state or local law	, shall be arbitrated by the Parties in accordance
with the Federal Arbitration Act ("FAA"). Such art	pitration shall take place in the county in which
the Prospective Employer/Employer is located or v	where the prospective employment was to take
place or employment took place.	
The arbitration required above shall be brou	ght "on an individual basis only" and not "on a
class action basis." The Applicant/Employee, Pro-	spective Employer/Employer and HRP further
agree that the validity of this Arbitration Agreement	t shall be determined solely by the arbitrator(s).
HRP is executing this Agreement on behalf	of itself and in its capacity as a duly authorized
agent of the Prospective Employer/Employer as pe	er the HRP Service Agreement therewith. This
Agreement may be executed using electronic and/or	r facsimile signatures, and such signatures shall
have the same force and effect as if they were original	al signatures, and shall be effective as of the date
that it is fully executed. If any provision hereof is de	clared to be unenforceable, the remainder hereof
shall remain in full force and effect.	
IN WITNESS WHEREOF, the Parties have	e signed this Agreement as of the date set forth
opposite their respective signatures.	
A 1' 4/E 1 2 C' 4	<u></u>
Applicant/Employee's Signature	Date
(Duint Name of Dunam of in Eurolam / Eurolam )	Haman Darama Dur Fila In a manada d
(Print Name of Prospective Employer/Employer)	Human Resource ProFile, Incorporated
Ву:	By:
<i>By</i>	By.
HRP as its duly authorized Agent	/
Print Name: Mark Owens	Print Name: Mark Owens
Title: President	Title: President
Date: April 1, 2023	Date: April 1, 2023



## **EMPLOYMENT PROFILE**

Authorization Form to be Fully Completed & Signed

\*\*\*\*\* Please Print Clearly \*\*\*\*\*

Human Resource ProFile, Inc. 8506 Beechmont Ave. Cincinnati, OH 45255-4708 800-969-4300 / 513-388-4300

		INDIVIDUAL INFO	DRMATION	V			
NameLas	st	 First	MI			Maiden	
Address		City/State				Zip	
		City/State	_				
Social Security #		•	Driver's License Number				
Date of Birth	_//	Age is not a criterion in any decision, but is used for identification purposes ONLY.	rt				
Professional License	:: Туре	License	e #		State		
		SCHOOLS AT	ENDED				
School Name		City / State Campus / Phone Number	D From	Dates Gradu		i Degree Type Farneg	
High School:		·					
If GED received, list	state and district o	or military facility, and year received:	Name as	s it appears or	n high school dip	loma or GED	certificate:
College:		City/State/Campus/Phone Number	From	То	Graduate?	Degree Type E	arned
Major area of study	:		Name us	sed at time of	graduation or fin	l al attendance	e:
Grad./Tech./Other:		City/State/Campus/Phone Number	From	То	Graduate?	Degree Type E	arned
Major area of study	ajor area of study:		Name used at time of graduation or final attendance:				
Have you ever pled	d guilty, been con	victed, entered a plea of no contest, has	ad prosecut	ion deferred,			
had prosecution di	verted (diversion p	orogram), or adjudication withheld for a	any crime?		Yes	No	
If Yes, list All Offenses, including Traffic and/or Criminal		City, County, and State of Offense					
Year	name ana/	Offense	С	ity	Cou	nty	State
the procurement of the any parties regarding state, local statutes or release said persons, information. I further	ne report and author my previous employ ordinances, my cre schools, companies understand this infor	nsumer report or investigative consumer reprize and direct the release to Human Resovenent, my criminal history record and/or recedit history, workers' compensation history, or, courts, agencies, and law enforcement a mation may be reviewed periodically by Human Resource Profile line, cannot you the	urce ProFile, ord of convic driving record authorities fro uman Resoul	Inc., an indepotions in federal, government om any liability rce Profile, Inc.	endent contract a , state and local file agency lists, and s for any damage v , and reported to	gency, informa es for violations cholastic record whatsoever for my prospectiv	ation held by of any federa ds and hereby issuing this ve/current

Accordingly, I release Human Resource ProFile, Inc., its agents and/or my prospective/current employer from any and all liabilities arising out of any errors or omissions regarding my background information and authorize Human Resource ProFile to release any and all information to my prospective/current employer.

Signature	Date						
TO BE COMPLETED BY: Acumen Fiscal Agents - California							
Date Sent:	From: Acumen Customer Service		Acct #	ACUFA-001			
Time Sent:	Phone: <b>866-5</b> 2	<u>22-8636</u>	Fax: <b>877-</b>	<u>522-8636</u>			
X Conviction History	Credit	MVR	Educat	tion Verification			
Employment History	Workers' Compensation	Federal Exclusion	n Violent	Sex Offender			
X Federal District When requesting a report for em	Professional Licensure	Special Request_		plicant/employee with the			
. • .	applicant/employee's consent to procure		•				



## IMPORTANT DISCLOSURE

FCRA Required Clear and Conspicuous Notice

Please read before completing and signing the Employment ProFile Form.

I HAVE BEEN INFORMED IN WRITING AND ACKNOWLEDGE THAT A "CONSUMER REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" MAY BE OBTAINED ON ME FOR EMPLOYMENT PURPOSES.

I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE PERFORMED BY HUMAN RESOURCE PROFILE AND PROVIDED TO MY PROSPECTIVE/CURRENT EMPLOYER. I ALSO UNDERSTAND THAT I HAVE CERTAIN RIGHTS THAT ALLOW ME TO DISPUTE ANY ERRONEOUS INFORMATION CONTAINED IN MY REPORT.

I FURTHER UNDERSTAND I HAVE A RIGHT TO MAKE A REQUEST TO HR PROFILE, UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature	Date
Notice to California Applicants: Under California law, the consumer reports reports. These reports may contain information on your character, general reputati	
Under section 1786.22 of the California Civil Code, you may view the file maintain You may also obtain a copy of this file upon submitting proper identification and particular person or by mail. You may also receive a summary of the file by telep to explain your file to you and the agency must explain to you any coded information of your choice may accompany you, provided that this person furnishes proper ide	aying the costs of duplication services, by appearing at HR hone. The agency is required to have personnel available on appearing in your file. If you appear in person, a person
YES, I am a California Applicant and I request to receive a free copy checking this box.	of any investigative consumer report ordered on me by
YES, I am a California Applicant and I hereby waive my right to obtain a	copy of the consumer report by checking this box.
Maine applicants only: By checking here, I indicate that I wish to receive a copy well as the address and telephone number of said consumer reporting agency. (Check on New York applicants only: By checking here, I acknowledge that I have receive Law and that I wish to receive a copy of any Report obtained by the Employer from HR consumer reporting agency.  Massachusetts, Minnesota, New Jersey, & Oklahoma applicants only the Employer from HR ProFile by placing a checkmark here. (Check only if you wish to the California, Connecticut, Hawaii, Illinois, Maryland, Oregon, Verm applicable): I understand that the Employer will not obtain information about my crecapacity unless the information is substantially job related, and the reasons for using information is considered for positions whose essential functions include access to comanagerial positions (as defined by the State Labor Laws), a position in a financial insaccount credit card, or money transfers, a position with authority to enter into finance \$10,000 or more of the employer, a customer, or a client during the workday, or a position by law to be disclosed or obtained.	only if you wish to receive a copy) det the attached copy of Article 23A of New York's Correction. ProFile as well as the address and telephone number of said by: I have the right to request a copy of any Report obtained by receive a copy) dont, & Washington State applicants only (as dit history/records, credit worthiness, credit standing, or credit the information are disclosed to me in writing. Credit history ustomer and/or company financial or confidential information, stitution, a position with signatory rights on the company bank cial contracts, a position with regular access to cash totaling