American **S**ubstance **A**buse **P**rofessional Drug Solutions, Inc.
455 East Carson Plaza Dr., Carson, CA 90746
Tel.: (562) 624-2720 ● Background Check Fax: (562) 628-9397

TESORO BACKGROUND REPORT ORDER FORM

_____ ("Employer") is ordering Background Reports on the applicant listed below pursuant to its Contractor Agreement ("Agreement") with American Substance Abuse Professional Drug Solutions, Inc. ("ASAP"). By placing this order, Contractor reaffirms all of its certifications in the Agreement in connection with its order and use of these reports. Contractor has already faxed to ASAP, or is faxing together with this order, a copy of a signed ASAP Authorization and Disclosure Form for each applicant on whom a Background Report is being ordered.

Company Name: _____ **Account #:** _____

_____ _____
DER Print Name **DER Phone #**

_____ _____
DER Signature **Date**

Please indicate the location requested for TESORO_____

Name of Applicant	Date of Birth	Social Security Number

County of Residence:

_____
(Please print the County Name)

_____
(Please print the County Name)

Federal District of Residence:

_____
(Please print the Federal District Name)

_____
(Please print the Federal District Name)

Please complete the information below, if the package requested needs the information verified.

☐ Motor Vehicle Report (MVR) State Issued: _____ Driver License #: _____

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APPLICANT AUTHORIZATION AND RELEASE FORM

I understand that in order to have access to the Tesoro Refineries as an employee of _____ (Employer), Tesoro and my Employer require a security background check be completed or reviewed, on me, by American Substance Abuse Professional Drug Solutions, Inc. (ASAP) (whose contact information is listed above) through itself or another third party consumer reporting agency. The results are reported in the form of a site access status back to Tesoro and my Employer. My status is made available to all Tesoro Sites and contractor members of the Tesoro Background Check Consortium.

I hereby provide my written instructions and specifically direct and authorize ASAP to obtain all relevant information required for ASAP, to do a security background check on me and produce a Background Report on me based on the results of that check to my Employer. In addition, I authorize ASAP to provide the Background Report to my Employer and a final status to Tesoro, my Employer and make said status available to all Tesoro Sites, contractor members of the Tesoro Background Check Consortium.

1. I acknowledge that my Employer has provided me with a separate Disclosure and Authorization form that I have signed authorizing ASAP to conduct a Background Report about me and provide that report to my Employer. My status of the background report will be released to Tesoro sites, my Employer and all contractors associated with the Tesoro Background Screening Consortium.

2. I have been advised that public record information about me will be reported to my Employer in the Background Report. Employer is located at _____.

3. Although ASAP obtains the information on which the Background Reports are based from sources it considers being reliable ASAP does not verify that information and is not a guarantor of such information. I understand that I have a right to receive a copy of the Background Report by checking a box on the disclosure form provided by my Employer and in connection with any adverse action taken by Employer based in whole or in part on the report. I also understand that in the event that I believe any information in the Background Report is inaccurate or incomplete, I have the right to dispute that information with ASAP to reinvestigate the information and, if the dispute is not resolved, to file a dispute statement with ASAP

4. To the maximum extent permitted under applicable law, I hereby release ASAP, Tesoro, my Employer, and Contractor members of the Tesoro Background Check Consortium from all claims and liabilities in connection with the Background Report and the release of the report to the persons indicated above.

5. I agree that a telephonic facsimile or photocopy of this form shall be considered as valid as an original.

6. This authorization shall remain in effect until I notify ASAP in writing that I have revoked it. The releases contained in this form shall survive any revocation with respect to matters arising prior to the effective date of revocation.

_____

Print Applicant's Name **Social Security Number** **Date of Birth (mm/dd/yyyy)**

_____

Current Address (Street) **(City)** **(State)** **(Zip Code)**

_____ _____

Applicant's Signature **Date**

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FAIR CREDIT REPORTING ACT
DISCLOSURE FORM

The undersigned (Employee) is an employee of _____ (Employer). In order to have access to various Tesoro Refineries, Tesoro and my Employer require a security background check be completed or a previous background check completed on me, by my employer may be reviewed by an Employee of American Substance Abuse Professional Drug Solutions, Inc. (ASAP), and the results reported in the form of a status. My background check must satisfy Tesoro's MSA requirements. My status will be made available to all contractors associated with Tesoro's background screening consortium. The reports will include a check of Employee's name, social security number and unlimited counties based off of address history and, federal criminal record. The information used to create Background Reports is derived from public record information. As such, a consumer report or investigative consumer report may be obtained on Employee for site access purposes.

You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota applicants or employees only:

☐ Please check this box if you would like to receive a copy of a consumer report if one is obtained.

Oklahoma applicants or employees only:

☐ Please check this box if you would like to receive a copy of a consumer report if one is obtained.

California applicants or employees only:

☐ Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

_____ _____
Print Applicant's Name **Social Security Number** **Date of Birth (mm/dd/yyyy)**

_____ _____
Current Address (Street) **(City)** **(State)** **(Zip Code)**

_____ _____
Applicant's Signature **Date**

I hereby verify by submitting this electronic request for a background check, the above named employee has signed and authorized the release of their background check information. As the contractor representative I validate that this information is on file and is available upon request to ASAP Drug Solutions, Inc.

Submit