

**FINRA DISPUTE RESOLUTION ARBITRATOR APPLICANT
CONSENT TO BACKGROUND SEARCH AND INVESTIGATION PART I**

CONSUMER NOTIFICATION: This is to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for inclusion on the FINRA Neutral Roster ("Roster"). The report may include, among other items, criminal background information, confirmation of your educational and employment history, and confirmation of any references provided. Pre-Employment, Inc., 8700 Crownhill, Suite 703, San Antonio, TX 78209, 800-735-9555, is the consumer reporting agency that will prepare the report. A copy of Article 23-A of the New York Correction Law accompanies this notification.

The undersigned hereby authorizes FINRA DISPUTE RESOLUTION, INC. ("DR") and/or its agents to make an investigation of my background, references, employment, education, and criminal history record information which may be in any state or local files, including those maintained by both public and private organizations, and all public records, for the purpose of confirming the information contained in my application and/or obtaining other information which may be material to my qualifications for inclusion on the Neutral Roster. A telephone facsimile (fax) or xerographic copy of this consent shall be considered as valid as the original consent.

In the event of my inclusion on the Roster, this authorization shall remain in effect for as long as I remain on the Roster. If I am not selected for inclusion or am removed from the Roster as a result of any investigative report resulting from this authorization, DR will provide me a copy of that report along with a summary of my rights under the *Fair Credit Reporting Act*.

I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

I release DR and/or its agents and any person or entity which provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above-referenced sources.

Please type or print legibly, black ink only.

True and Complete
Legal Name: First _____ Middle _____ Last _____

Maiden or Other
Names Used: _____ Dates Used: _____

Present Street Address: _____ Dates of residence (e.g. 1998 to 2000): _____ to _____

City: _____ County: _____ State: _____ Zip: _____

Other cities and states lived in during the past seven years:

City: _____ State: _____ Dates of residence: _____ to _____

City: _____ State: _____ Dates of residence: _____ to _____

City: _____ State: _____ Dates of residence: _____ to _____

City: _____ State: _____ Dates of residence: _____ to _____

Date of Birth: _____ Social Security Number: _____

Signature: _____ Date: _____

**FINRA DISPUTE RESOLUTION REQUEST FOR PROCESSING
FINRA USE ONLY**

- Employment verification**
Number of employers to verify _____
- Civil records, Federal District**
- Criminal history, county jurisdictions**
- Criminal history, state (NY addresses, only)**
- Criminal history, Federal District**
- Criminal & sex offender database, national**
- Globalcheck**
- Education verification**
- Professional license verification**
- SSN trace, search additional jurisdictions**

Requestor: CaTina Daniels
FINRA Neutral Management
212-858-4351 (tel)
301-527-4803 (fax)

ClientID: fin.dis

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**FINRA DISPUTE RESOLUTION ARBITRATOR APPLICANT
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EMPLOYMENT & EDUCATION HISTORY

Employment History for Past 10 Years – Begin with present; Indicate periods of unemployment or date of retirement, if applicable

1. Employer: _____ From: _____ To: _____
Employer Address: _____ Contact person: _____
Employer Telephone Number: _____
2. Employer: _____ From: _____ To: _____
Employer Address: _____ Contact person: _____
Employer Telephone Number: _____
3. Employer: _____ From: _____ To: _____
Employer Address: _____ Contact person: _____
Employer Telephone Number: _____
4. Employer: _____ From: _____ To: _____
Employer Address: _____ Contact person: _____
Employer Telephone Number: _____
5. Employer: _____ From: _____ To: _____
Employer Address: _____ Contact person: _____
Employer Telephone Number: _____

Education – Specify the Highest Levels of Academic Achievement

1. Institution Name: _____
Address (city and state): _____
Degree: _____ Major: _____ Date Granted: _____
2. Institution Name: _____
Address (city and state): _____
Degree: _____ Major: _____ Date Granted: _____

Professional License or Certification

1. Type/Title: _____ License Number: _____
Agency & state of issue: _____ Date Issued: _____
2. Type/Title: _____ License Number: _____
Agency & state of issue: _____ Date Issued: _____