

EMPLOYMENT INQUIRY RELEASE

In consideration for employment or promotion with **Allied Home Mortgage Capital Corp.**, on our behalf, Kroll Factual Data may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employment.

In compliance with the Americans with Disabilities Act, only after a contingent offer or employment is offered, will your worker's compensation history be investigated for the purpose of making certain that you are not hired for a position or assigned a job function that could aggravate a previous injury.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from Kroll Factual Data and, in that event, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Please complete and sign the form which follows, authorizing, without reservation, any party, including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by Kroll Factual Data to furnish any or all of the above listed information. Your authorization releases Factual Data from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to Kroll Factual Data the above mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

For your records, a copy of this completed notice that a consumer report may be obtained for employment purposes will be provided. Please retain it for your records.

PRINT FULL NAME _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

DRIVERS LICENSE # _____ STATE _____

APPLICANT SIGNATURE _____ DATE _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.