

**Application Addendum**

**This addendum is effective May 1, 2003 and must be completed at the same time as the application. Please staple this addendum to the inside (page 3) of the application.**

Have you ever been discharged from a job?  Yes  No

If yes, please explain fully: \_\_\_\_\_  
 \_\_\_\_\_

Have you been convicted of, been given probation or deferred adjudication in lieu of sentencing or pled no contest for any offense other than a minor traffic violation?  Yes  No

If yes, please describe in the boxes below, if more room is needed, please complete on the back:

Incident	City / State	Charge
1.		
2.		

Are you charged with an unresolved criminal charge?  Yes  No

If yes, please describe in the boxes below, if more room is needed, please complete on the back:

Incident	City / State	Charge
1.		
2.		

*NOTE: Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.*

List states and counties of residence for the past seven years: \_\_\_\_\_  
 \_\_\_\_\_

Have you used any Social Security Numbers other than what is given on the application?

Yes  No If yes, please list numbers and explain fully: \_\_\_\_\_  
 \_\_\_\_\_

As part of Cooper Aerobics Enterprises, Inc., Cooper Clinic, and Cooper Concepts, Inc. employment process, candidates will be required to complete a background check, prior to an offer being extended. Certain tests are required only for certain positions. These background checks can include but are not limited to the following:

- Social Security Validation
- Criminal Background Check
- Address Verification
- Prior Employment Verification
- Education Verification
- Motor Vehicle Records
- Sex Offender Registry

**I certify that all responses to the above questions are true and correct. I understand that incomplete, false responses, or omissions may cause this application to be rejected, and should I become employed that any false or misleading information offered will be grounds for termination of employment.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- **Notice to All Users of This Form:** As an employer and user of consumer reports, it is your responsibility to ensure compliance with all of the relevant federal, state and local laws governing this area. This form is provided solely as a courtesy and should not be construed as legal advice. It is important that prior to using this or any form, you consult with your legal counsel.

**DISCLOSURE AND AUTHORIZATION FOR EMPLOYER TO ACCESS CONSUMER REPORTS**

**Cooper Aerobics Center | 12200 Preston Road | Dallas, TX 75230 | 972-560-2667**

**DISCLOSURE**

In connection with your application for employment with Cooper Aerobics Center (including any independent contract for services) or when deciding whether to modify or continue your ongoing employment (if hired), Cooper Aerobics Center may obtain a “consumer report” and/or an “investigative consumer report” on you from **TRAK-1 TECHNOLOGY**, a consumer reporting agency, or from any third party, in strict compliance with both state and federal law. A consumer report is a communication of information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used for purposes of serving as a factor in establishing your current and/or continuing eligibility for employment purposes. An investigative consumer report is a report obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain information regarding your credit history, criminal records, driving history records, education records, previous employment history, social security traces, military records, professional licensure records, eviction records, drug testing, government records, and other types of background information. You further understand that these reports may contain information concerning the reasons for termination of past employment. You are hereby notified that you have the right to make a timely request for the nature and scope of any investigative consumer report. You are further notified that, prior to being denied employment based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the consumer reporting agency and a description in writing of your rights under the Fair Credit Reporting Act. Inquiries to **TRAK-1 TECHNOLOGY** should be directed to: **Trak-1 Technology; Consumer Disputes; P.O. Box 52028; Tulsa, Oklahoma, 74152. 1 (800) 600 – 8999.**

**MAINE AND NEW YORK APPLICANTS OR EMPLOYEES ONLY:** You have the right to inspect and receive a copy of your investigate consumer report requested by Cooper Aerobics Center by contacting the consumer reporting agency identified directly above.

**AUTHORIZATION**

I hereby authorize, without reservation, the obtaining of “consumer reports” or “investigative consumer” reports by Cooper Aerobics Center at any time after receipt of this authorization and throughout my employment, if applicable. I further authorize and request, without reservation, any present or former employer, school, police department, state or federal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about me to furnish Trak-1 Technology or Cooper Aerobics Center with any and all background information in their possession regarding me, so that my employment qualifications may be evaluated and/or reassessed. I also agree that a fax or photocopy of this authorization with my signature should have the same authority as the original.

**By signing below, I certify: (1) that I have read and fully understand this disclosure and authorization; (2) that all of the information I am providing is true, complete, correct and accurate; and (3) that I have received the attached Summary of Your Rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).**

**NEW YORK APPLICANTS OR EMPLOYEES ONLY:** By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**MINNESOTA AND OKLAHOMA APPLICANTS OR EMPLOYEES ONLY:** Please check this box if you would like to receive a copy of a consumer if one is obtained by the Company.

**CALIFORNIA APPLICANTS OR EMPLOYEES ONLY:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. 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.

The following is information required in order for **Cooper Aerobics Center** to obtain a complete consumer report:

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FULL LEGAL NAME (First, Full Middle Name, Last Name)

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STREET ADDRESS

---

CITY

STATE

ZIP

---

SOCIAL SECURITY NUMBER

DATE OF BIRTH \*

N/A

---

DRIVER'S LICENSE NUMBER

ISSUING STATE

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OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)

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CONSUMER'S SIGNATURE

PRINT NAME

DATE

\* This information will be used for background screening purposes only.