

<u>AUTHORIZATION TO OBTAIN CONSUMER REPORTS AND/OR</u> INVESTIGATIVE CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

I hereby authorize General Shale Inc., its parents, subsidiaries, affiliates, or designated representatives (the "Company") to obtain or have prepared one or more consumer reports and/or an investigative consumer reports on me for employment purposes, including but not limited to initial employment, promotion, reassignment, retention of employment, and any other use not prohibited by law, prior to and during my employment with the Company. These reports may contain information regarding my credit history, criminal record history, driving record history, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, mode of living, and any other type of information that is permissible by all governing laws pertaining to employment, insurance, or credit information. I understand this information may be obtained from previous employers, companies, credit bureaus, corporations, law enforcement agencies, persons, educational institutions, and other agencies, businesses, and individuals. I hereby authorize and direct all persons who may have information relevant to any such consumer report and/or investigative consumer report to disclose it to the Company or its agents.

This Authorization is valid for current and future reports, and I specifically understand that the Company intends for this Authorization to cover both the application for employment and, if I am hired, any additional consumer reports and/or investigative consumer reports obtained while I remain an employee.

Date		 	
Print Name	·		
Signature		 	



ACKNOWLEDGMENT OF RECEIPT OF "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT"

I acknowledge that I have received "A Summary of Your Rights under the Fair Credit Reporting Act." I understand that if I have any questions regarding the Summary, I should not sign this form until my questions are answered to my satisfaction. By signing this form, I acknowledge that I have no questions, that I have reviewed this form and that I understand its contents.

Date	 	
Print Name _		
Signature		