

HIP Contractor Candidates: Please fax this form to 603-457-0333



Service Provider Background Screening Consent Form

I, _____ hereby authorize Home Depot U.S.A., Inc. ("Home Depot"), upon execution of this consent form, to investigate the information contained in my application, and other background information, for the sole purpose of obtaining information relevant to my qualifications as an independent contractor, agent, or subcontractor thereof. I understand that this means I may be the subject of a "consumer report" from an outside agency, which report may contain information about my creditworthiness, credit standing, credit capacity, character, police and criminal records, general reputation, personal characteristics, and mode of living, whichever are applicable. By signing below, I authorize Home Depot to obtain, or cause to be obtained, a consumer report upon receipt of this form or at any time during which I am, or may be, a participant in Home Depot's installed sales program.

Home Depot is an equal opportunity employer and does not discriminate against applicants with regard to race, color, gender, sexual orientation, age, religion, national origin, disability, or any characteristic protected by applicable law.

I understand that inquiries on this form, which ask for my address and date of birth, are for identification verification purposes only. I understand that age is not considered in making decisions concerning independent contractors or the employees, agents, or subcontractors.

I release Home Depot and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities arising from any claims, lawsuits, or other actions in regard to the information obtained from any and all of the above referenced sources. I further agree that the giving of any false, misleading, or incomplete information will be grounds for denial or termination of my authorization to participate in Home Depot's installed sales program.

I agree on my own behalf (and on behalf of Service Provider if I am an owner or principal of Service Provider) to indemnify, defend, and hold harmless Home Depot and Home Depot's parent, subsidiaries, affiliates, employees, agents, and customers from and against any demands, claims, or liability arising from the gathering and use of any information obtained from any and all of the above-referenced sources. The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

PLEASE PRINT ALL INFORMATION ON THIS FORM

Full Name as it appears on Driver's License or State ID:

Last Name	First Name	Middle
Driver's License # or State ID	State of Issue	Soc. Sec. #
Other names by which you have been known:		Birthdate: Month Day Year

PAST SEVEN (7) YEARS	STREET ADDRESS	CITY	STATE	ZIP	DATE From	DATE To

Service Provider Name/Reference Name: HIP Home Installation Professionals

Fax Number: 603-457-0333

Phone Number: 603-501-3509

Service Provider Principal
 Other (Check One)
 Employee
 Sub-Contractor
 Agent

Applicant Signature: _____

Date: _____

Contractor Candidate Home & Cell Numbers _____ / _____

Contractor Candidate Fax & Email _____ / _____

CALIFORNIA ONLY:

The name, address and phone number of the investigative reporting agency conducting this background investigation is: Choicepoint Consumer Credit, P.O. Box 105108, Atlanta, GA 30302, 1-800-845-6004.

A copy of the investigative report will be mailed to you by Home Depot within seven days of Home Depot's receipt of the report. You are also entitled to inspect files and information maintained about you by the investigative consumer reporting agency identified above during normal business hours and on reasonable notice, or you may send a written request to the agency to 1) receive the information by certified mail, or 2) receive a summary of the information by telephone.