

Pre-Adverse Action Letter

Company Letterhead

Date

Dear Applicant:

This letter is to notify you that _____ (Company Name) may be unable to make you an offer of employment based on our hiring criteria. There is information in the report we received which, if accurate, would prevent us from offering you employment at this time.

Attached is a copy of this report and a copy of your rights under the Fair Credit Reporting Act.

If, after reviewing the report, (1) you believe that information contained in it is inaccurate and/or (2) you want to know what information in the report falls outside of our company guidelines, we ask that you contact us directly within five days. Otherwise we will assume that you no longer wish to pursue employment with us.

This report was furnished by Integrated Screening Partners, 5316 Hwy 290 West, Suite 500, Austin, TX 78735, 512-891-6060. Please understand that while Integrated Screening Partners provided the report, they did not make this decision, and they are unable to provide you the specific reasons why _____ (Company Name) made this decision.

You have the right to dispute the accuracy or completeness of any information contained in such reports by contacting Integrated Screening Partners. They will reinvestigate the disputed information free of charge and either record the current status of the disputed information or delete the item(s) within 30 days of receiving your dispute. This does not include the cost of the disputed GCMS confirmed "Positive" urinalysis specimens. If the information is found to be inaccurate or incomplete or cannot be verified, they will promptly delete that item or modify it. You will be asked to provide proper identification before any information will be released to you from Integrated Screening Partners.

Sincerely

_____ (Company Representative)