DISCLOSURE TO APPLICANTS AND EMPLOYEES AS REQUIRED BY THE FAIR CREDIT REPORTING ACT (FCRA)

In considering you for employment, promotion, discipline, retention, assignment or reassignment with _____, ("Employer"), we may request and rely upon, initial and periodic consumer reports obtained from a consumer reporting agency that contains information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. We may also request and rely upon information regarding past/present employment, education, drug screen, motor vehicle driving record, criminal records from county, state, federal jurisdictions as well as other criminal or police records, including those maintained by both public and private organizations. You will be notified if an adverse employment decision is made, based wholly or partially on the information contained in your consumer report. We may obtain your consumer reports only if you give us your written authorization to obtain it. If you wish to authorize us to obtain your consumer reports, you may indicate your consent by signing the Authorization to Obtain Consumer Reports below.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I have read the disclosure (above), and understand that the Employer may rely upon initial and periodic consumer reports in considering me for employment, promotion, discipline, retention, assignment or reassignment. I hereby authorize the Employer to obtain such initial and periodic consumer reports for the duration of my employment, and I provide the following identifying information to assist in obtaining accurate consumer reports about me. I also hereby consent to the **RELEASE OF ALL MEDICAL RECORD INFORMATION**, specific to the above conditions, to the Employer and/or its designated agent, National Application Processing & Screening, Inc.

I hereby authorize the Employer to release all information contained in this investigation to all parties involved in the evaluation process for the purpose of confirming my qualifications and/or eligibility. The following is my true and complete legal name and all information on this document is true and correct to the best of my knowledge. Any falsification of the facts or omission of material facts under any circumstances, found during the investigation or at anytime thereafter, constitutes the basis for immediate disqualification as a candidate or termination of my employment. I hereby assert a telephonic facsimile (FAX) or a photographic copy of this authorization shall be as valid as the original.

_____

Applicant First Name **(NO INITIALS) Middle Name** **Last Name**

_____

Maiden Name, **Nicknames,** **Any Other Names Used**

_____

Present Address **City** **State/Zip** **County** **How long there?**

_____ _____

Date of Birth **Sex** **Race** **Social Security Number**

_____ _____

Drivers License Number **State of License** **Expiration Date**

PROVIDE PREVIOUS ADDRESS LISTINGS FOR THE LAST SEVEN YEARS – Use back of page if necessary.

_____

Former Address **City** **State/Zip** **County** **How long there?**

MINNESOTA and OKLAHOMA APPLICANTS ONLY: ☐Check here if you wish to receive a copy of any formal report generated as a result of this investigation.

_____ _____

Signature (Required) PLEASE - DO NOT PRINT **Date** **Witnessed**