

UND SCREENING RELEASE & AUTHORIZATION FORM

In connection with my application for employment (including contract for services or volunteer services) or tenancy with _____(Company Name), consumer reports will be requested. These consumer reports (investigative consumer reports in California) may include, as applicable, the following types of information: names and dates of previous employers/landlords, salary, work/tenant experience, education, accidents, licensure, credit (except California), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, evictions, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers/landlords and other past or current associates of mine to gather information regarding my work/tenant performance, character, general reputation, personal characteristics and lifestyle may be obtained.

I have the right to make a request to the consumer reporting agency: VeriCORP, Inc., P.O. Box 436054, Louisville, KY 40253-6054; telephone (877) 717-3515 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). **I hereby consent to your obtaining the above information from the agency.** You may view their privacy policy at their website: www.vericorphr.com.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s), including the release of all criminal records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

D California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (ETZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law.

_____(Initials)

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	PLEASE CHECK ONE
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Complete if applying for a position that may involve driving a motor vehicle.

DRIVERS LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

EMAIL ADDRESS (If you wish to be contacted this way)

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Prior Business Name	Prior City, State	Contact Name

Contact Phone	Job Title	Contact Phone

Date of Service

APPLICANT SIGNATURE: _____

DATE: _____