

**[INSERT NAME OF EMPLOYER]**  
**BACKGROUND DISCLOSURE, AUTHORIZATION & REQUEST FORM**

I understand that a consumer report and/or investigative consumer report, which may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living will be requested and may be used in whole or part for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. Such report(s) may include interviews of others concerning such matters as my education, degrees attained or units completed, including transcripts, prior employment, capabilities, and qualifications, or concerning employment problems, should any arise, such as sexual harassment, workplace violence, theft, and workers' compensation fraud.

The investigative consumer reporting agency preparing the report(s) is [Insert Name], contact information provided below. Their files are available for review in person, by certified mail or telephonically with proper identification.

*If any adverse decision is made with regard to my application or employment (if any) based entirely or in part on the information contained in the consumer report and/or investigative consumer report, I understand that I will be notified as to the basis of that decision and given a copy of the report as well as a summary of my applicable rights.*

*I have provided complete and truthful information to [Employer] and fully understand that any misrepresentation or material omissions concerning the information provided will be ground for denying my application, withdrawing any offer of employment, or immediate discharge.*

By my signature below, I hereby authorize a consumer report and/or an investigative consumer report to be obtained and consent to the release of a consumer report to [EMPLOYER]. *I also acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act". A copy of this document is the same as the original.*

Please Print Legibly! Incomplete and/or illegible information will delay processing.

Applicant/Employee Name: \_\_\_\_\_

Aliases/Maiden Names: \_\_\_\_\_

Applicant/Employee Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Previous Addresses, including City & Zip code, for past 7 years. Use additional pages if necessary.

\_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Month/Day/Year of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Special Training/University/College Attended, Degrees. Use additional pages if necessary.

Schools	City/State	Degree/Certifications Received	Years Attended
---------	------------	--------------------------------	----------------

I understand that I can be provided a copy of this report if I desire by checking the appropriate box below.

- Please provide me with a copy of this report.
- I do not desire to receive a copy of this report at this time.

\_\_\_\_\_

*Applicant's Signature*

\_\_\_\_\_

*Date*