**FCRA Authorization to Obtain a Consumer Credit Report and**

**Release of Information for Employment Purposes**

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize [Enter Company Name Here ] and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

I, [Enter Your Name Here ] authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation or public agency may have. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish [Company Name] or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I hereby release [Enter Company Name Here ] and its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release. You may contact me as indicated below. I understand that a copy of this authorization may be given at any time, provided I do so in writing.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer’s right will be provided to me.

Please Print Clearly

|  |  |  |
| --- | --- | --- |
| 1. Name (Full) |  | |
| 1. Maiden Last Name |  | |
| 1. Print All Former Names Used | 1. (B) | |
| 1. Social Security Number | -    - | |
| 1. Sex | Male  Female | |
| 1. Race |  | |
| 1. Date of Birth | -  - | |
| 1. Telephone Number |  | |
| 1. Current Street Address |  | |
| 1. City/State/Zip |  | |
| 1. Driver’s License Number | State Issued | |
| 1. Name on Driver’s License |  | |
| 1. May we contact your employers? | Yes  No | |
| 1. May we contact your supervisors? | Yes  No | |
| 15 Prior residence for past seven (7) years    2. From       To 4. From       To 6. From       To | | |
| 1. Have you ever been convicted of or pled guilty or “no contest” to a criminal charge? | | Yes  No |
| 1. Are you currently awaiting trial, sentencing or disposition of a criminal charge? | | Yes  No |
| 1. Have you even been a defendant in a civil action for intentional tort(s)? (Intentional torts include, but are not limited to, battery, assault, false imprisonment, defamation, fraud, conversion)? | | Yes  No |
| If you answered Yes to Numbers 16, 17 or 18, provide the Case Numbers, Date of Action, Disposition, Place of Occurrence and Current Status Below | | |
| 20 Please explain. If more space is needed, add supplemental sheets. | | |
| Signature Date | | |