

## Authorization Form for Investigative Consumer Reports

In connection with my application for employment (including contract services) with \_\_\_\_\_, I \_\_\_\_\_ understand that investigative consumer reports which may contain public record information may be requested and/or generated including information from consumer credit reports, criminal records, driving records, educational records, prior employer verification, workers' compensation claims, public agencies and others. These reports may include experience information along with reasons for termination of past employment. Furthermore, I understand that information from various Federal, State, City, County or local, and other agencies, will be requested.

I authorize without reservation the complete release of the information described above and/or data pertaining to me. My background information will be obtained in order that my employment qualifications (character, work habits, performance and experience) may be evaluated. By signing below, I authorize without reservation any party or agency contacted by this employer to furnish the above mentioned information. I further authorize ongoing procurement of the above mentioned reports at any time during my employment (or contract). This signed authorization shall be valid and accepted in original, fax, or photocopy.

Furthermore, I certify that all information provided below and on my resume is correct and true to the best of my knowledge. Any false statements provided on this form and/or my resume will be considered in the hiring process or provide just cause for termination of employment (or contract) at any time.

I hereby release Alpha CHECKPOINT of Rochester, Inc. 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.

I acknowledge receipt of "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" (<http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre35.pdf>) and certify that I have read and understand both the summary provided to me and this authorization. I understand I can obtain further information at <http://www.ftc.gov/os/statutes/fcrajump.shtm> . I understand that I have the right to make a request for all reports generated through this authorization, upon proper identification and the payment of any legally permissible fees, at the time of my request.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. The information provided is confidential and will not be used for any other purpose.

### PERSONAL BACKGROUND INFORMATION (print legibly)

Names used during the past 7 years (including maiden names):

(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

(First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Social Security # (xxx-xx-xxx) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Gender: M  F  Race: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other places of residence over the past 7 years (street, city, state, zip, country)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_