

**FAIR CREDIT REPORTING ACT DISCLOSURE, AUTHORIZATION AND RELEASE FORM**

**Disclosure:**

\_\_\_\_\_, when considering your application for employment, making a decision whether to offer you employment, deciding whether to continue your employment (if you are hired), and when making other employment-related decisions directly affecting you, may wish to obtain and use a "consumer report" and/or "investigative consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting act ("FCRA"), which applies to you. As either an applicant for employment or an employee of \_\_\_\_\_, you are a "consumer" with rights under the FCRA.

**A "consumer report" will not be accessed.**

An "investigative consumer report" is a consumer report in which the information about your character, general reputation, personal characteristics and mode of living is obtained in whole or in part through personal interviews with persons who may have knowledge concerning such information.

**Authorization and Release:**

I hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements I have given will be considered as cause for dismissal. As part of my request for employment, I voluntarily authorize all persons, businesses, current and former employers and supervisors, credit reporting agencies, educational institutions, law enforcement agencies, motor vehicle departments and city, state, county and federal courts to release information they may have about me to \_\_\_\_\_ or **Pacific Screening, Inc..** If I am employed by \_\_\_\_\_, this permission shall remain in effect as long as I am an employee.

I voluntarily waive all recourse, and release all parties from liability for complying with or responding to this Authorization. *Also, I request that a photocopy or facsimile of this Authorization be treated as though it were the original.*

In accordance with the Fair Credit Reporting Act, if my employment is denied, based either wholly or partly on information contained in a consumer report or investigative consumer report from a consumer reporting agency, \_\_\_\_\_ shall so advise me, and supply the name and address of the consumer reporting agency making the report.

I hereby authorize \_\_\_\_\_ to obtain a consumer report and/or investigative consumer report regarding me in connection with (1) my application for employment, and/or (2) if I am hired, my continued employment.

**I acknowledge that I have received and read this "Fair Credit Reporting Act Disclosure, Authorization and Release Form."**

**I have also received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."**

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

