

CANDIDATE'S AUTHORIZATION FOR RELEASE OF INFORMATION

THIS FORM TO BE COMPLETED AND SIGNED BY CANDIDATE

IN CONNECTION WITH, AND FOR THE DURATION OF MY TIME VOLUNTEERING WITH ORGANIZATION, _____, I UNDERSTAND THAT INVESTIGATIVE BACKGROUND INQUIRES ARE TO BE MADE ON MYSELF THAT MAY INCLUDE CONSUMER, CRIMINAL RECORDS, DRIVING RECORDS, CREDIT REPORTS, SOCIAL MEDIA SEARCHES, EMPLOYMENT VERIFICATIONS, EDUCATION VERIFICATIONS, DRUG SCREENINGS, AND OTHER REPORTS. THESE REPORTS WILL INCLUDE INFORMATION AS TO MY CHARACTER, WORK HABITS, PERFORMANCE AND EXPERIENCE. THE SCOPE OF THIS AUTHORIZATION ALLOWS THE ORGANIZATION TO OBTAIN CONSUMER REPORTS AND INVESTIGATIVE CONSUMER REPORTS NOW AND THROUGHOUT THE COURSE OF MY TIME VOLUNTEERING WITH THEM, INCLUDING ANY CONTRACT FOR SERVICES, TO THE EXTENT PERMITTED BY LAW, UNLESS I REVOKE MY CONSENT BY PROVIDING WRITTEN NOTIFICATION TO ORGANIZATION.

FURTHER, I UNDERSTAND THAT THE ORGANIZATION MAY BE REQUESTING INFORMATION FROM VARIOUS FEDERAL, STATE AND OTHER AGENCIES WHICH MAINTAIN RECORDS CONCERNING MY PAST ACADEMIC, EMPLOYMENT (including WORKER'S COMPENSATION CLAIMS), DRIVING, CRIMINAL, CREDIT, SOCIAL MEDIA, CIVIL HISTORIES AND OTHER EXPERIENCES. I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THIS ORGANIZATION OR ITS AGENT, INFO QUEST, INC., TO FURNISH THE ABOVE INFORMATION. THIS FORM IN ITS ORIGINAL, FAXED, PHOTOCOPIED, OR ELECTRONIC FORM IS VALID FOR ANY REPORTS REQUESTED BY THE ORGANIZATION NAMED ABOVE. I UNDERSTAND THAT PROVIDING ANY FALSE INFORMATION OR OMITTING MATERIAL INFORMATION ON MY APPLICATION OR IN THE INTERVIEW PROCESS WILL BE SUFFICIENT GROUNDS FOR REJECTION OF THIS APPLICATION OR REMOVAL FROM MY VOLUNTEER DUTIES WHENEVER DISCOVERED.

PRINT FULL NAME _____ SOC. SEC. NUMBER ____ - ____ - _____

PREVIOUS LAST NAMES _____

DATE OF BIRTH _____ (DOB IS REQUESTED TO ASSURE ACCURATE RETRIEVAL OF RECORDS.)

DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____

CURRENT ADDRESS _____

CITY, STATE, ZIP _____

I authorize the company to contact my current employer for verification of employment: YES ___ NO ___

___ CA, MN, OK, and NY applicants only: please check here to have a copy of your consumer report sent directly to you by Info Quest, Inc.

I understand by signing my name below that I am signing the Authorization form directing the background check, as described above, and I certify that I have read the Disclosure Information attached. If an investigative consumer report, I have received the FCRA Summary of Your Rights, and if a California resident/applicant, the A Summary of Your Rights Under the Provisions of California Civil Code 1786.22. If a New York applicant/employee, I acknowledge receipt of Article 23-A of the New York Correction Law.

By signing below, I confirm that all information submitted on this form is true and complete to the best of my knowledge.

APPLICANT'S SIGNATURE _____ DATE _____

EMAIL ADDRESS: _____

Email address is required for all subjects, and will be used if necessary for delivery of a 613A letter. If any records are reported to this employer, you will receive a letter to this email address informing you, as well as a copy of the report and another copy of the FCRA Summary of Your Rights. Email address and phone number are gathered and used for scheduling a drug screening.

The consumer and/or investigative consumer report(s) will be obtained from:

Info Quest Inc., PO Box 15521, Surfside Beach, SC 29587. Info Quest's information and privacy policy can be found at www.infoquesthr.com





Fair Credit Reporting Act Disclosure Statement

By this document, Info Quest, Inc. discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics, and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation being performed by _____ and at any time during your employment there. Should an investigative consumer report be requested, you will have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. Please sign below to acknowledge the receipt of this disclosure.

Signature

Date

Printed Name