



### CRIMINAL RECORDS & BACKGROUND RELEASE AUTHORIZATION AND DISCLOSURE

PLEASE TYPE OR PRINT

I, \_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention "Engagement", HR Affiliates will use the services of an outside agency to research and verify the information I have provided on my application for Work including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to HR Affiliates. HR Affiliates uses VeriCORP, a consumer-reporting agency, as an agent to perform its Employment-related background investigations.

VeriCORP will utilize various sources of information it deems appropriate including but not limited to: criminal records, current and former employers, department of motor vehicle records, military records, credit reporting agencies, education records, licensing authorities, state and federal sanctioning authorities, professional and personal references and workers' compensation records including any and all injuries in compliance with the Americans with Disabilities Act. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to HR Affiliates and VeriCORP.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Engagement from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by HR Affiliates if Engagement is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to HR Affiliates. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: HR Affiliates, 1930 Bishop Lane, Suite 111, Louisville, KY 40218. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

CHECK THIS BOX IF you are applying for work with a California, Minnesota or Oklahoma based employer and you would like a copy of your Consumer Report if one is prepared in the investigation of your background. CA Codes 1785.20.5 & 1786.16(a)(5)(b)(1), MN Code 13C Subdivision 2, OK Code 24 O.S. §148

Law enforcement agencies and other entities for positive identification purposes require the following information when checking public records. It is confidential and will not be used for any other purposes. **Please print clearly.**

Please Print

FIRST NAME	MIDDLE NAME	LAST NAME	ALIAS/MAIDEN NAME(S)
SOCIAL SECURITY #	DATE OF BIRTH (Mo/Day/Yr)	RACE	PLEASE CIRCLE ONE
			MALE OR FEMALE

Complete if applying for a position that may involve driving a motor vehicle.

DRIVER'S LICENSE #	STATE ISSUED	EXPIRATION DATE

List all previous addresses for the past 7 years:

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_