

## **DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

St. Mary's Academy, its affiliated companies, and/or its agents (collectively, herein after referred to as "Company") may obtain information about you from **CICS Employment Services and its subsidiaries, PO Box 57, Myrtle Point, OR 97458, Phone: 541-994-8027 / 800-660-0507, Fax: 541-994-7159 / 888-247-3683, Website:**

<https://www.criminalscreens.com> (the "AGENCY") for purposes permitted under the Fair Credit Reporting Act 15 U.S.C.1681 *et seq.*, including employment purposes (e.g. regular employment, contracted labor, vocational or educational training, or volunteer work), a business transaction initiated by you, or upon your written instructions. For information about AGENCY's privacy practices see <https://www.criminalscreens.com/resources/docs/privacypolicy.pdf>. A "consumer report" and/or an "investigative consumer report" may be requested which may include information regarding your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information relating to your criminal history, motor vehicle records such as driving records, social security verification, verification of education or employment history or other background checks. This may involve personal interviews with sources such as neighbors, friends or associates.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report from the Company. The scope of this notice and authorization is not limited to the present and, if hired or engaged to transact business with the Company, will continue and allow the Company to conduct future screenings for retention, promotion, reassignment, access to the Company's or its customer's premises or for a continuing relationship with the Company, unless revoked by you in writing.

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escriba al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

**AUTHORIZATION TO OBTAIN CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT**

I have carefully read, and understand this Authorization form. I further acknowledge receipt of the "Disclosure Regarding Consumer and/or Investigative Consumer Report," and "State Law Notices" and certify that I have read and understand each document. I understand that Company may obtain a consumer report and/or investigative consumer report for employment purposes, in connection with a business transaction initiated by you, or otherwise upon your written instructions. These reports may be obtained at any time after receipt of my authorization, and if I am hired or engaged to transact business with the Company, throughout my employment or relationship with the Company. I understand that the Company reserves the right to share the information contained in the report(s) with any third-party companies for whom I will be placed to work or with whom I will have a relationship or will have access to the premises. My information will only be used and/or disclosed as permitted by law and as required for creation of any report(s).

I understand and authorize information which is contained in my employment application, or otherwise disclosed by me, may be used for the purpose of obtaining consumer reports and/or investigative background reports at any time during my relationship with the Company. I also understand that nothing herein shall be construed as an offer of employment. I hereby authorize law enforcement agencies, educational institutions (including public and private schools/universities), information service bureaus, consumer reporting agencies, record/data repositories, courts (federal, state, and local), motor vehicle records agencies, my past or present employers, the military, and other information sources to furnish any, and all, information on me that is requested by AGENCY.

**California Applicants Only: I acknowledge receipt of a copy of California Civil Code 1786.22.**

**New York Applicants Only: I acknowledge receipt of a copy of Article 23-A of New York Correction Law.**

You may receive a free copy of any consumer report or investigative consumer report obtained on you if you check the box below.

**I wish to receive a free copy of the report.**

**I HEREBY CERTIFY THAT THIS FORM WAS COMPLETED BY ME, THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AS OF THE DATE HEREOF AND I AUTHORIZE AGENCY TO OBTAIN A CONSUMER REPORT AND/OR INVESTIGATIVE CONSUMER REPORT ON ME, AS APPLICABLE I acknowledge that the Company has provided me with a copy of *A Summary of Your Rights Under the Fair Credit Reporting Act.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

Other names used (alias, maiden): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Issuing State: \_\_\_\_\_

TSPC License # \_\_\_\_\_

Current Address \_\_\_\_\_

Past Addresses Please Include Zip \_\_\_\_\_

Past Addresses Please Include Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email \_\_\_\_\_