

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In connection with my application for employment, volunteerism or participation in a Community Action, Inc. program, I understand and agree that background inquiries may be requested by Community Action, Inc. that will seek information about my background for purposes of determining whether I am qualified for recurring access to vulnerable populations, as to my character, work habits, job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that Community Action, Inc. may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, criminal record, sexual predators, previous employment, educational background, and other past experiences.

I understand this background information may be obtained in the form of consumer reports and/or investigative consumer reports (commonly known as *background reports*). These background reports may be obtained at any time after receipt of my authorization and, if I am hired or engaged by Community Action throughout my employment with the Company or my contract period.

I understand I may be offered a position at Community Action, Inc. <u>contingent</u> upon the information received from the Criminal and/or FBI Fingerprint Background Check and the National Sex Offender Public Registry as it relates to grant guidelines for recurring access to vulnerable populations. I understand that this authorization allows for subsequent record checks and investigations, as required or desired by Community Action, Inc. and our funding sources. I also understand that false or misleading information given on my application or interview may result in discharge from the program.

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize Community Action and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report, investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number, current and previous residences; employment history, including all personnel files' education references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration and any other public records.

___, authorize the complete release of these records or data

authorize and request any present or form other persons having personal knowledge with any and all information in their posses	ny, firm, corporation or public agency may have. I hereby er employer, school, police department, financial institution or of me to forward Community Action or its designated agents sion regarding me in connection with an application of ocopy of this authorization be accepted with the same authority
By signing this form, I authorize Comr statements I made orally or in writing, and and reference givers, from any legal liabil that by signing this release, I verify that al understand that, pursuant to the federal I	munity Action, Inc. to make a thorough investigation of ald I release Community Action, Inc. as well as former employers lity that may result from the background checks. I understand I information is true and correct to the best of my knowledge. Fair Credit Reporting Act, if any adverse action is to be taker of the report and a summary of the consumer's rights will be
Signature	Date



Background Check Release Form

THE INFORMATION WE ARE REQUESTING BELOW IS BEING USED SOLEY FOR THE PURPOSE OF CONDUCTING A BACKGROUND INVESTIGATION. THE INFORMATION PROVIDED BELOW WILL REMAIN CONFIDENTIAL AND KEPT SEPARATE FROM YOUR APPLICATION.

PRINT- Last Name	First Name	First Name		Middle Name	
Previous Name(s)/Maiden Name			Date of Name Change		
Date of Birth	Phone Numb	er			
Email:					
List Addresses (Current Address	s First) for the past 3 year	s. Attach add	itional sheet if	necessary.	
0((A.I.I	City	State	Zip Code	Years at Address	
Street Address				1 00.0 017100.000	
Street Address					
By signing below, I certify that the and agree that any misreprese consider me for employment, will by Community Action, termination	ne above is true and corre entations or omissions re thdrawal of a job offer for	may result in	Community	edge. I acknowledge Action to no longe	