

# Release/Authorization Form

I hereby authorize \_\_\_\_\_ its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes by Safer Places, Inc. (SPI)

I understand that 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 including transcripts; character references; credit history (except where prohibited) and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; worker's compensation records; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to \_\_\_\_\_ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

I hereby release \_\_\_\_\_, SPI, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose.

Print Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden – years used)

Other Name(s) Used: \_\_\_\_\_  
Use additional sheet if needed Full Name dates used Full Name dates used

Current Address Since: \_\_\_\_\_  
(month/year) (# and Street) (City) (State/Zip)

Former Address(es): \_\_\_\_\_  
Use additional sheet if needed (from/to: month/year) (# and street) (City) (State/Zip)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Optional

Home Tel. number: \_\_\_\_\_ Drivers' Lic.: \_\_\_\_\_ State: \_\_\_\_\_

Sex: Male  Female  Race: Asian  Black  Hispanic  White  Other

May we contact your present employer?  Yes  No

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

I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release/authorization shall be as valid as the original.

## NOTICE TO CALIFORNIA APPLICANTS

Under California law, the consumer reports we order on you are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living. I want to receive a free copy of any investigative consumer report requested on me by checking this box:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by \_\_\_\_\_ and its ICRA, Safer Places, Inc., during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at SPI in person or by mail to: **347 West Grove Street; Middleboro, MA 02346**. You may also receive a summary of the file by telephone **(877) 962-0600**. This agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification. If this box  is checked, an employment credit report may be a part of this background check. Position to be filled:

\_\_\_\_\_