

DISCLOSURE AND AUTHORIZATION TO RELEASE INFORMATION

Disclosure

As part of the employment application process, on-going employment, or contract work with Consumer Direct Care Network Arizona (CDCN), CDCN will hire a Consumer Reporting Agency (CRA) to obtain Consumer Reports (Reports) about applicants in accordance with the Fair Credit Reporting Act (FCRA). Information in the Reports will be used in determining eligibility for employment.

The CRA creates Reports by conducting a nationwide search of all criminal and traffic records, abuse database entries, address history and Social Security Number verification. Credit history is not reported. For individuals applying for an Administrative position, prior employment and education verification will also be conducted.

If a preliminary decision is made not to hire based on information in the Reports, CDCN will provide the applicant with a copy of the Report and a written summary of their rights under FCRA before an employment decision is finalized.

Authorization to Release Information

I have read the above disclosure and hereby authorize CDCN, their CRA and their CRA's agents to obtain the above-referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. Further, I authorize CDCN to share the above-referenced information with any other entity with which I will be working on behalf of CDCN, if such sharing of information is required by contract between CDCN and that other entity. If I am hired, this Authorization shall remain on file and shall serve as an ongoing authorization for CDCN to obtain Reports about me from their CRA at any time during my employment. A photocopy or facsimile of this Authorization shall be as valid as the original. I have the right to make a request to the CRA, upon proper identification, to learn the nature and substance of all information in the CRA's files associated with me, including sources of information, the recipients of any reports associated with me and to whom the CRA has furnished reports within a two-year period preceding my request.

Personal Information

Last Name	First Name	Middle Name	
Street (Physical) Address	City	State	Zip
Date of Birth	Social Security Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
High School Diploma: Year, Name & Location of School	College Degree(s): Year, Degree, Name & Location of School(s)		
Most Recent Employer: Name & Location	2 nd Most Recent Employer: Name & Location		
3 rd Most Recent Employer: Name & Location	Personal Email Address		
<i>Signature</i>	<i>Date</i>		

