



Employee ID #: _____

**DISCLOSURE AND AUTHORIZATION FORM
TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES**

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for volunteering, the **CITY OF DENTON** ("the City") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as CastleBranch, Inc. A "consumer report" and a "investigative consumer report" will each include communication by a consumer reporting agency of any information bearing on your credit, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records but an "investigative consumer report" will include similar information but is *obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information.* **Unless specified in the conditions of employment on the job description, or by law, a credit check is not required for your position.**

In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

By my signature below, I acknowledge that I have read and understand the foregoing Disclosure and I authorize the City and its representatives to obtain any such reports, inquire with former supervisors and any listed references, and to share the information received with any person involved in the employment decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the City.

- I DO authorize you to contact my current employer for Employment and Reference Verifications
- I DO NOT authorize you to contact my current employer for Employment and Reference Verifications

Printed name

Date

Signature
(Parent or Guardian Authorization for child under the age of 18)



Employee ID #: _____

Personal Data (please print neatly)

First Name Middle Name Last Name

Other Names Used (including maiden name) Years Used

Social Security Number Date of Birth

Email address Contact Phone Number

Driver's License Number DL Class DL State DL Expiration

List all addresses you have lived at for the past seven (7) years, starting with your current address:
Street Address, City, State, Zip Code Date of Residence

Address City State Zip (MM/YYYY to MM/YYYY)

Address City State Zip (MM/YYYY to MM/YYYY)

Address City State Zip (MM/YYYY to MM/YYYY)

Address City State Zip (MM/YYYY to MM/YYYY)

I have the right to make a request to **CastleBranch, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **CastleBranch, Inc.** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed name Date

Signature