



**BACKGROUND SCREENING  
NOTIFICATION & AUTHORIZATION FORM**

The purpose of this form is to notify you that a consumer report and/or criminal background check will be run in the course of consideration of employment or volunteering for one of our organizations.

<b>Name of Organization</b> <i>(at what organization you will be working or volunteering?)</i>				
<b>Applicant Information</b> <i>(Complete the following information as accurately as possible. Please Print or Type)</i>				
First Name		Middle Name	Last Name	
Social Security Number	Date of Birth	Previous Names <i>(maiden/marriage, etc.)</i> Date Changed:		
Driver's License Number	State of Issue	Date Changed:		
<b>Address History (Include 7 years of History)</b>				
<b>Address #1</b>				
Date From:		Date To:		
Street Address			City	State   Zip
<b>Address #2</b>				
Date From:		Date To:		
Street Address			City	State   Zip
<b>Address #3</b>				
Date From:		Date To:		
Street Address			City	State   Zip

**BACKGROUND SCREENING AUTHORIZATION**

As part of the employment screening process, I authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal agencies, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Background Information Services, Inc. This releases the aforesaid parties from any liability and responsibility for collecting this information.

I specifically authorize a consumer credit report to be run and authorize the release of my motor vehicle driving records maintained by law enforcement agencies, city, state, county and federal courts, or any other state or local agency.

This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested. I understand that personal information being collected is necessary to conduct an investigation of my background and that information will be used solely for this purpose. Based on certain information repository requirements, I may be asked to provide an original signature to authorize the investigation of my background. I further acknowledge that a facsimile (FAX) or photographic copy of this release will be valid as the original.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION**

**DISCLOSURE**

As an applicant for employment or a current employee of the **Colorado Nonprofit Development Center**, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, the **Colorado Nonprofit Development Center** may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a *consumer reporting agency* is a person or business, which for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as the **Colorado Nonprofit Development Center**.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, 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 establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request 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.

**AUTHORIZATION**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize the **Colorado Nonprofit Development Center** to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at the **Colorado Nonprofit Development Center**. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

Name

Date

\_\_\_\_\_

\_\_\_\_\_