

Release Authorization

Requester: _____
Phone: _____

Applicant Complete the Following:

1. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you maybe requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy required, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. 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 that provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be valid as the original. This release is valid for most federal, state and county agencies, including the Minnesota Department of Labor.
4. Minnesota, Oklahoma and California applicants only: If you want a copy of the report(s) ordered, check is box . The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by Sterling Direct.
5. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contact by **Developmental Pathways** or it's agent, to furnish the information described in Section 1.
6. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to **Developmental Pathways**. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my precious employer is limited to the following DOT-regulated items: alcohol tests with a result of 004 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

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 purposes. I hereby release the employer and agents and all persons, agencies, and entities providing the information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

(Please Print) Last First Middle

Please print other names you have used

Home Address

City State Zip

Social Security Number Date of Birth

Driver's License Number State Issuing License

Name as it appears on license

Signature **Today's Date**

This page contains sensitive information. Keep on in secure files, separately from personnel records!

Disclosure to Employment Applicant Regarding Procurement of A Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights at <http://www.ftc.gov/os/statutes/031224fcra.pdf>.

By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment.

Applicant Name: _____

Applicant Address: _____

City/State/Zip: _____

Signature: _____

Social Security Number: _____