



RELEASE AUTHORIZING CHECK OF APPLICANT’S CREDENTIALS AND AUTHORIZATION TO SECURE INVESTIGATIVE CONSUMER REPORT

In consideration of _____ evaluation of my suitability for employment, I hereby authorize SafeCare Information Services to perform all checks of my credentials as allowed by law. I further authorize SafeCare Information Services to perform the following checks on my credentials: Consumer credit reports, including investigative reports, search of public records and checks as SafeCare Information Services deems appropriate. I acknowledge that _____ may withdraw any offer of employment at the conclusion of the verification.

I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information, and to furnish any information obtained as a result of such inquiries.

I further authorize SafeCare Information Services, in its sole discretion, to furnish copies of this authorization and my application to any person(s) and /or consumer reporting agency (ies) in connection with the above purposes.

Signature

Date

Disclosure Statement

Information contained in reports obtained by SafeCare Information Services, in accordance with the above authorization may include information pertaining to your character, general reputation, police record, motor vehicle record, personal characteristics, and mode of living. You have the right to request that SafeCare Information Services completely and accurately disclose to you the nature and scope of all verifications requested. Such a request must be made in writing to SafeCare Information Services within a reasonable period of time after your application is received.

I hereby acknowledge that I have read the above disclosure statement and have understood it.

Signature

Date

Date of Birth ____ / ____ / ____

Birth dates are necessary to verify criminal/driving history. The Federal Age Discrimination Act of 1967 prohibits discrimination on the basis of age.