



Investigation Consent Form and Receipt of Summary of FCRA Rights

I understand and acknowledge that an investigative consumer report may be obtained for employment purposes. I authorize the company I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individual contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act (FCRA) requirements. I release from liability the company I have made application with, and its representatives for gathering and using such information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information requested below or any and all claims, actions, or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Results of previous drug testing within the past two years if positive for illegal substances; (7) Eligibility for rehire and circumstances of previous separations from employment; (8) Social Security Number verification; and (9) information concerning any or all worker's compensation claims if a conditional offer of employment has been made. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries. By my signature below, I acknowledge that I have received a Summary of my Rights under the Fair Credit Reporting Act (FCRA).

Signature _____ Date _____

APPLICANT INFORMATION:

Form with fields for Last Name, First Name, Middle Initial, Maiden Name, Home Address, City, State, Zip Code, Former Address, City, State, Zip Code, Social Security Number, Date of Birth, Drivers License Number, State License Issued.

EMPLOYER INFORMATION:

Form with fields for Requestor's Name (Kim Pall), Company Name (Children's Volunteer Health Network, Inc.), Phone Number (850-622-3200), Company Code, Fax Number (850-622-5434).

SERVICES ORDERED:

Form with checkboxes for Criminal History, PEER Credit Report, Motor Vehicle Report, Education Verification, Employment Verification, Trace/SSN Check, National Crime Search, State Sex Offender Search, National Sex Offender Search, Professional License Check, OIG Check, Reference Verification, Drug Screening, Fingerprinting, Credit Report (Tenant).

RETURN RESULTS BY:

Form with checkboxes for Fax Only, Verbal Only, Verbal & Fax, Mail Only, Call Before Fax, Website, Email.