



NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION AND NOTIFICATION OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

I hereby authorize Family Care Partners (“FCP”) and its agents to investigate my background to review any and all information of concern contained in my consumer report or investigative consumer report, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of him/her furnishing said information.

I understand that, as a condition of my consideration for employment with FCP, or as a condition of my continued employment, FCP may obtain a consumer report or an investigative consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness. I authorize the release of this information by the appropriate agencies to the investigating service. I also understand that I am required to take a drug test before or during employment.

I hereby authorize and consent to Family Care Partners’ procurement of such a report. I acknowledge that I have been given a copy of “Fair Credit Reporting Act – Summary of Your Rights” and have read and understood this document.

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested.

PLEASE PRINT CLEARLY

Full Name: _____ SSN: _____

Current Address: _____

Previous Address _____

Previous Address _____

Other Names or SSN Used: _____

Driver’s License Number: _____ State: _____ DOB: ____/____/____

Optional – Only used for verification of identity

Race (optional): _____ Sex: M F

Signature

Date

OFFICE USE ONLY:	
LOCATION: _____	REQUESTING SUPERVISOR: _____
DATA ENTERED DATE: _____	BY WHOM: _____
PRIMARY NO. _____	CONFIRMATION NO. _____