

AUTHORIZATION FOR ORGANIZATION TO ACCESS CONSUMER REPORTS

DISCLOSURE

By signing below, you acknowledge and understand that in connection with your agreement to serve the Delmarva Chrysalis Community, we may obtain a consumer report and/or an investigative consumer report on you from a consumer reporting agency in strict compliance with both state and federal law. A consumer report is any communication of 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 for purposes of serving as a factor in establishing your eligibility to serve the Community. An investigative report is obtained through personal interviews with individuals who may have knowledge of your character, general reputation, personal characteristics, or mode of living. The consumer reports or investigative consumer reports may contain public record information which may be requested or made on you including, but not limited to: consumer credit, criminal records, driving history records, education records, previous employment history, workers compensation claims history, social security traces, military records, professional licensure records, eviction records, drug testing, and others. You further understand that these reports may include experience information along with reasons for termination of past employment. You also acknowledge and understand that information from various federal, state, local and other agencies which contain information about your past activities will be requested, and that a consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made. You are hereby notified that you have the right to make a timely request for a copy of the above investigative background report contained in the Delmarva Chrysalis Community's files on you at the time of your request by providing proper identification and the payment of any legally permissible fees. You are further notified that, prior to being denied the opportunity to serve the Community based in whole or in part on information obtained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency and a description in writing of your rights under the Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

AUTHORIZATION

By signing below, you hereby authorize, without reservation, any party or agency contacted by this organization to furnish the abovementioned and requested information. You further authorize ongoing procurement of the above mentioned information, reports and records at any time during your employment or contract. You also agree that a fax or photocopy of this authorization with your signature is accepted as having the same authority as the original. You further authorize and request, without reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish the Delmarva Chrysalis Community with any and all background information in their possession regarding you, so that your employment qualifications may be evaluated.

ACKNOWLEDGEMENT OF RECEIPT OF SUMMARY OF RIGHTS

By signing below, you certify you have read and fully understand this disclosure and authorization, all of the information you are providing is true, complete, correct and accurate, and you acknowledge that you have received the attached summary of your rights under the Fair Credit Reporting Act (15 U.S.C. §1681 et seq.).

The following is information required in order for the Delmarva Chrysalis Community to obtain a complete consumer report:

PRINT FULL LEGAL NAME (First, Full Middle Name, Last Name)

STREET ADDRESS

CITY

STATE

ZIP

SOCIAL SECURITY NUMBER

DATE OF BIRTH

RACE

GENDER

DRIVER'S LICENSE NUMBER

ISSUING STATE

OTHER FORMER NAMES (aka, maiden names, married names, surnames etc.)

APPLICANT'S SIGNATURE

DATE