Transit Department City of Eureka Springs 137 West Van Buren Eureka Springs, AR 72632 (479) 253-9572 (479) 253-8272 (fax)

AUTHORIZATION TO RELEASE INFORMATION IN CONNECTION WITH AN APPLICATION FOR EMPLOYMENT

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

I,		
Last Name	First Name	Middle Name
Current Address		Dates Lived Here
Addresses for the Past Seven Years: (include street, city, state, zip code)		Dates of Residence:
Date of Birth	Other Names Used (including maiden name)	Years Used
Social Security Number	Driver's License #	State
Email address (may be used for o	official correspondence)	
vehicle, financial history, crimi wage records, etc. or any part the records are public or private, ar persons from liability on accound the first for its suitability for employment. I cany supplements to it and in any I agree to provide additional integrate the first form of the first form of the first form.	n of all information in my employment application from all source nal history, personal character, and worker's compensation record hereof, and authorize any duly authorized agent of IntelliCorp R and including those which may be deemed to be privileged or confint of such disclosures. Information appearing on this Authorizatid dentification purposes and for the release information which will ertify that I have made true, correct, and complete answers and sty interview in the knowledge that they will be relied upon in conformation that may be requested to process my employment applied to the extent permitted by law.	ds in accordance with ADA, labor and accords, Inc to obtain, whether the said idential in nature and I release all ion will be used exclusively by be considered in determining any tatements on my employment application sidering my application for employment ication. I authorize without reservation,
**I hereby dodo not_	authorize you to contact my current employer for Emp	loyment and Reference Verifications
(This will authorize immediate Employment/Reference Section	inquiries to the Human Resources Department and to any listed so of your application.)	supervisors or references in the
information in its files on me at	est to IntelliCorp Records, Inc , upon proper identification, to receit the time of my request, including sources of information, and the previously furnished within the two year period preceding my request.	e recipients of any reports on me which
I understand and agree that any supplements to it and in any int	omission, false statement, misleading statement, or answer made terviews will be sufficient grounds for rejection of employment and	e by me on my application or any nd my discharge after employment.
Printed Name	Applicant Signature	Date
resident and would like to reque	MA, and MINNESOTA RESIDENTS ONLY: If you are a cur est a copy of your Consumer Report or Investigative Consumer Retation information obtained through personal interviews.	
	ICANTS ONLY: Under Massachusetts law, an employer is proplicant about his or her criminal history. Massachusetts applicants ord information.	

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.