

National Background Investigations, Inc
Customized Background Screening Solutions...Simplified

APPLICANT DISCLOSURE AND AUTHORIZATION FORM

The Arc NCR, on the behalf of _____ (print) (known as “third party” here on in this document), may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records “driving records”, verification of your education or employment history, workers compensation injuries, employment and/or education history, or other background checks. Please be advised that the nature and scope of this notice and authorization is all-encompassing to include National Background Investigations, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 or another outside organization. By signing this notice and authorization you are allowing **The ARC NCR, on behalf of the third party,** to obtain from any outside organization all manners of consumer reports and investigative reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer reports.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **The Arc NCR, on behalf of the third party,** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance to furnish any and all background information requested by National Background Investigation, Inc, PO Box 966, Stevensville, MD 21666, 800-798-0079 another outside organization acting on behalf of **The Arc NCR and the their party** itself. I agree that facsimile (fax), electronic or photographic copy of this Authorization shall be as valid as the original. I also understand and give permission that the findings of the report will be shared with **The Arc** and the **third party.**

SIGNATURE OF ACKNOWLEDGEMENT AND AUTHORIZATION

By my signature below, I certify that the information provided on the attached forms is true and accurate to the best of my knowledge.

Please print name (last, first, middle) _____

Signature: _____ Date: _____

| TO BE COMPLETED BY APPLICANT (all information will be used for background screening purposes only) | | |
|--|-----------------|-------------|
| Last Name | First Name | Middle Name |
| Other Known Names Or Other Names Used | | |
| Other First Name | Other Last Name | |
| Current Address | | |
| City | State | Zip |
| From (mm/yy) | To (mm/yy) | |
| Primary Telephone Number | Email | |
| Date of Birth (mm/dd/yyyy) | | |
| Social Security No. | | |