

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _____
LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Understand that in conjunction with my application for volunteerism, Montgomery County Medical Reserve Corps will use the services of an outside agency to research and verify the information I have provided on my application for volunteerism including my personal background, character, professional standing, work history and qualifications. This agency will provide a report to Montgomery County Medical Reserve Corps. Montgomery County Medical Reserve Corps uses *Backgrounds Online*, a consumer-reporting agency, as an agent to perform background verifications.

Backgrounds Online will utilize various sources of information it deems appropriate including but not limited to: credit reporting agencies, Workers Compensation records, Department of Motor Vehicle records, criminal conviction records, current and former employers, military records, education records, professional and personal references. I request, authorize and consent to the release and disclosure of any and all information including but not limited to the above to Montgomery County Medical Reserve Corps and *Backgrounds Online*.

I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation. This authorization in original or copy form shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by Montgomery County Medical Reserve Corps if volunteerism is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to Montgomery County Medical Reserve Corps. I further understand that when requesting a copy of the report, proper identification will be required and I should direct my request to: *Backgrounds Online*, 1915 21ST Street, Sacramento, CA 95811, phone: 800-838-4804. Backgrounds Online's website may be found at <http://www.backgroundsonline.com>

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. I HEREBY RELEASE Montgomery County Medical Reserve Corps. AND ITS AGENTS, BACKGROUNDS ONLINE AND ALL PERSONS, AGENCIES, AND ENTITIES PROVIDING INFORMATION OR REPORTS ABOUT ME FROM ANY AND ALL LIABILITY ARISING OUT OF THE REQUEST FOR OR RELEASE OF ANY OF THE ABOVE MENTIONED INFORMATION OR REPORTS.

California, Minnesota and Oklahoma Applicants only:
Check box if you request a copy of any consumer report ordered on you.

Signed

Today's Date

Printed Name

Position Applied For

_____/_____/_____
Social Security Number

____/____/_____
Date of Birth

Driver's License Number State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

Former Address: _____
Street Apt.# City State Zip Code How long here?

May we contact your current employer? ____Yes ____No