



Employee Background Investigation  
Disclosure Statement and Release Authorization

DISCLOSURE REGARDING CONSUMER REPORT AND/OR INVESTIGATIVE REPORT

The Employer: Pasco Southwest Home Health ("Company") may obtain information about you for employment purposes from a third party consumer reporting agency. As such, 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, and which can involve personal interviews with sources such as your neighbors, friends, supervisors, or associates. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, and other experiences.

You have the right, upon written request made within a reasonable period of time after receipt of this notice, to request whether a consumer report has been conducted about you, disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment and/or education history. The scope of this notice and authorization is all-encompassing; however, allowing the Company to obtain consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law, unless you otherwise revoke your consent by providing written notification to Company. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The consumer and/or investigative consumer report(s) will be obtained from:  
PreSearch Background Services, Inc. P.O. Box 332 Washburn, WI 54891 (800) 674-0394

Additional Notices for particular states:

California applicants or employees only: By signing below, you also acknowledge receipt of A SUMMARY OF YOUR RIGHTS UNDER THE PROVISIONS OF CALIFORNIA CIVIL CODE §1786.22. Please check the appropriate box here if you would like to receive a copy of your investigative consumer report or consumer report at no charge. <input type="checkbox"/> Yes <input type="checkbox"/> No
Minnesota and Oklahoma applicants or employees only: Please check the appropriate box below if you would like to receive a copy of your consumer report free of charge. <input type="checkbox"/> Yes <input type="checkbox"/> No
New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.
New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing the authorization, you also acknowledge receipt of Article 23-A of the New York Correction Law.
Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.
Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

## Release Authorization

I acknowledge receipt of the DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT above and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (Available at the following: [http://presearchus.com/images/Summary\\_of\\_Your\\_Rights\\_Under\\_the\\_FCRA\\_1-1-2013.pdf](http://presearchus.com/images/Summary_of_Your_Rights_Under_the_FCRA_1-1-2013.pdf)) 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 Company 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, local, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by PreSearch Background Services, Inc, (800) 574-0394, [www.presearchus.com](http://www.presearchus.com), another outside organization acting on behalf of the Company, and/or the Company itself. I understand that by signing my name below, that I am signing the Authorization form directing the background check as described above, and I certify that:

- I have received the Disclosure Regarding Consumer and/or Investigative Report, have read and received the Summary of Your Rights, and if a California resident/applicant, the A Summary of Your Rights Under the Provisions of California Civil Code §1786.22.
- I understand that my signature now and throughout this process will be binding. Additionally, notices, documents, and communications may be provided electronically and will meet the requirements set forth under Federal and/or State law, as permitted by law. I agree that a facsimile ("fax"), electronic or printout of this authorization may be accepted with the same authority as the original.

The purpose of this release form is to notify you that a consumer report will be compiled in the course of consideration for your employment service.

I acknowledge that I have received and have read this "Disclosure Statement and Release Authorization"

I have also received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act."

Applicant Signature: \_\_\_\_\_

Today's date: \_\_\_\_\_

From:	Presearch Background Screening 126 West Bayfield Street      Phone: (800) 574-0394 Washburn, WI 54891      Fax: (877) 684-3947
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TODAY'S DATE:

Print CURRENT Full Name (First, Middle, Last):	DATE NAME WAS USED: From:      To:
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Print Other Name (First, Middle, Last):	DATE NAME WAS USED: From:      To:
---	---------------------------------------

Print Other Name (First, Middle, Last):	DATE NAME WAS USED: From:      To:
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Date of Birth:	SSN:	SEX:	M	F
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Driver's Lic #:	Driver's Lic State of Issue:
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Name on Driver's Lic:	Race (OPTIONAL):
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**SEVEN YEARS OF ADDRESS INFORMATION IS REQUIRED.**

LIST CURRENT ADDRESS FIRST, INCLUDE STREET, CITY, STATE AND ZIP CODE. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

	From:	To:
	From:	To:
	From:	To:
	From:	To:

**APPLICANT SIGNATURE & DATE IS REQUIRED FOR THE FOLLOWING:**

I acknowledge that I have read, signed, and received a copy of the "NOTIFICATION AND RELEASE AUTHORIZATION."	
Applicant Signature:	Date Signed:

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

Division of Workers' Compensation

633 17<sup>th</sup> Street, Suite 400

Denver, CO 80202-3660

Phone: (303) 318-8700 | Toll Free: (888) 396-7936

Fax: (303) 318-8710

**AUTHORIZATION FOR RELEASE OF LIMITED INFORMATION TO THIRD PARTIES**

Claimant Social Security Number: \_\_\_\_\_

Claimant Name: \_\_\_\_\_

Requestor (Third Party) Name: \_\_\_\_\_

Employer Business Name: \_\_\_\_\_

The above referenced claimant authorizes limited access to above-mentioned requestor to all workers' compensation files on record as stated below. This authorization shall remain in effect for ninety days from the date of claimant's signature, unless claimant notifies the Division of Workers' Compensation in writing before such time, that claimant is revoking said authorization.

**Information provided shall be limited to:**

- Workers' Compensation Number
- Date of Injury
- Part of Body
- Employer

\_\_\_\_\_  
Claimant's Signature (in presence of notary)

\_\_\_\_\_  
Date Signed (to be completed by claimant)

**Authorization must be signed and dated by the claimant.**

**Notarization is required.**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

When using an embossed seal, please shade before faxing.

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_  
(Print name of claimant)

Place notary seal here

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

**Altered forms will not be accepted.**