

OTHER DISCLOSURES, ACKNOWLEDGMENTS & AUTHORIZATIONS
REGARDING BACKGROUND CHECK(S) FOR
EMPLOYMENT PURPOSES

The following information is helpful to your potential employer when processing your pre-employment background check. Providing the following information will help to expedite your evaluation for potential employment. You are not required to release this information.

If you are currently employed may we contact your employer?
Yes _____ No _____ Post-Hire Only _____

I hereby certify that all the statements and answers set forth on my application and/or my resume are true and complete to the best of my knowledge, and I understand that if, subsequent to my becoming employed, any such statements and/or answers are found to be false or information has been omitted, such false statements or omissions may be considered proper grounds for the termination of my employment.

By my signature below, I acknowledge receipt of the above Disclosures, Acknowledgments & Authorizations Regarding Background Check(s) and certify that I have read, understand and agree to them.

Signature Date

NOTE: The following information is needed to facilitate a background check and IS NOT considered part of your application. It is used only for identification purposes and verifying information to be accurate. **PLEASE PRINT CLEARLY.**

Legal First Name Legal Middle Name Legal Last Name

Please list all previous names _____

Telephone Contact Number Email Address Social Security Number

Street Address City State Zip Code

Driver's License Number State of License Expiration Date Date of Birth

STATE LAW DISCLOSURES RELATED TO CONSUMER REPORTS

The phone number and website address for Risk Assessment Group, the consumer reporting agency used by the Company, is set forth at the bottom of this page.

CALIFORNIA: You are being provided with a Notice Regarding Background Investigation Pursuant to California Law. In addition, if you would like to receive a copy of an investigative consumer report or consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law, please contact Risk Assessment Group.

MASSACHUSETTS: Upon request to the Company, you have the right to know whether the Company requested an investigative consumer report about you and, upon written request to the Company, you have the right to receive a copy of any such report. You also have the right to ask Risk Assessment Group for a copy of any such report.

MINNESOTA: You have the right, in most circumstances, to submit a written request to Risk Assessment Group for a complete and accurate disclosure of the nature and scope of any consumer report or investigative consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within 5 days after: (i) its receipt of your request; or (ii) the date the report was requested by the Company, whichever date is later.

NEW JERSEY: You have the right to submit a request to Risk Assessment Group for a copy of any investigative consumer report the Company requested about you.

NEW YORK: You have the right, upon written request to the Company, to be informed of whether or not the Company requested a consumer report or an investigative consumer report about you. Shown below is the telephone number and website for Risk Assessment Group, the consumer reporting agency used by the Company. You may inspect and receive a copy of any such report by contacting that consumer reporting agency. A copy of Article 23-A of the New York Correction Law is also provided.

WASHINGTON STATE: If the Company requests an investigative consumer report, you have the right, upon written request made to the Company within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You are entitled to this disclosure within 5 days after the date your request is received, or the Company ordered the report, whichever is later. You also have the right to request a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.



FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION TO CONDUCT BACKGROUND CHECK

PLEASE REVIEW CAREFULLY BEFORE SIGNING THE BELOW AUTHORIZATION

Disclosure

Pinal County Schools, may obtain background information about you for employment purposes from a third-party consumer reporting agency. Thus, by signing below, you agree that you may be the subject of a “consumer report” (commonly known as a “background check”), which may contain information regarding your criminal history, social security verification, residential, motor vehicle and driving records, verification of your education or employment history, litigation, or other background checks or information. Credit history may be requested if such information is relevant to the duties and responsibilities of the position for which you are applying and permitted by applicable law.

Risk Assessment Group (“RAG”) will prepare or assemble the consumer reports for the Company. The toll-free phone number and website address for RAG are located below.

Authorization

I acknowledge receipt of this FCRA DISCLOSURE & AUTHORIZATION TO CONDUCT BACKGROUND CHECK and hereby authorize the obtaining of “consumer reports” by the Company at any time after receipt of this authorization and throughout my employment, if applicable, to the extent permitted by applicable law.

PLEASE PRINT CLEARLY.

Legal First Name

Legal Last Name

Signature

Date

