

RELEASE AUTHORIZATION FORM

Children's Hope Alliance Shannin Uhler Hughett

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Return Reports: EMAIL – sruhler@childrenshopealliance.org

To the extent permitted by applicable state law, I hereby consent to this investigation and authorize **Children's Hope Alliance** (referenced as "company" throughout this document) to procure consumer reports, criminal background checks, investigative consumer reports (as defined by law), on my background from a consumer reporting agency (CRA) or from an investigative consumer reporting agency (ICRA), as described in the Background Check Disclosures, the State Disclosures, and the California State Law Disclosures (all of which I have received from the company). I have reviewed and understand the information, statements, and notices in all the disclosures provided to me as mentioned above by the company, as well as this Release Authorization Form. My authorization remains valid throughout my employment with the company, such that, to the extent permitted by applicable law, I agree company can procure additional consumer reports, criminal background checks, and/or investigative consumer reports (as defined by federal law) during my employment without providing additional disclosures or obtained additional authorizations. Except as otherwise prohibited by state law, I consent to and authorize the company to share this information with Company's current or prospective clients, customers, others with a need to know, and/or their agents for business reasons. Information is not limited and may include drug test results and personal verification history. Furthermore, I release any and all employers, bureaus, agencies, individuals, data organizations, or companies, including Before You Hire, Inc. from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information accurately and will not be used to discriminate against me in violation of any law. A facsimile (FAX) or photocopy of this release form shall be as valid as the original.

Applicant/Employee Personal Information **please print CLEARLY**

Name (First) _____ (Middle) _____ (Last) _____
List any other name used in the last 7 years (Maiden name) _____

Address: _____ City _____ State _____ Zip _____

County _____ Driver's License # _____ State _____

Gender: Male Female Race: _____ Phone (_____) _____ - _____

Social Security Number _____ - _____ - _____ Date of Birth _____ - _____ - _____
Month / Day / Year

List other cities or towns that you have lived in the last 7 years:

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Dates _____ / _____ to _____ / _____

City _____ County _____ State _____ Zip _____

Applicant/Employee Signature _____ Date _____

****OFFICE USE ONLY**** Please Indicate Services Needed – If not marked, reports will NOT be processed!

<input checked="" type="checkbox"/>	Statewide Criminal Report (Indicate States Needed) >>
<input checked="" type="checkbox"/>	Motor Vehicle Report
<input type="checkbox"/>	National Sex Offender Report
<input type="checkbox"/>	SS#/Address Verification Report
<input type="checkbox"/>	Nationwide Sweep Background Report
<input type="checkbox"/>	Education Verification (Information Required > Institution Name/State, Name at Graduation, & Year of Graduation)
<input type="checkbox"/>	Employment Verification (Application/Resume Required)
<input type="checkbox"/>	NON DOT Drug Test >or< DOT Drug Test Reason for test: _____
<input type="checkbox"/>	Other Services/Special Notes:

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