



Background Check Release Forms

Please fill out all forms completely!

BACKGROUND VERIFICATION DISCLOSURE

This is to inform you that an investigative report is being obtained from a reporting agency for the purpose of evaluating you for a term of volunteer service with Kids Alive International.

AUTHORIZATION

During the application process and at any time during the tenure of my employment/service with Kids Alive International, I hereby authorize ChoicePoint Services Inc., on behalf of Kids Alive International to procure a consumer report (known as an investigative consumer report in California) which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant/Employee Signature

Date

Social Security Number *

Date of Birth *

* For identification purposes only



Background Request Form

PLEASE PRINT CLEARLY IN DARK INK (Please answer all questions completely to avoid delays)

Last Name _____

First Name _____

Middle Name _____

Name Suffix (Please Circle): Junior Senior First Second Third Fourth

Previous Legal Name _____

Year Changed (if applicable) _____

Date of Birth ____/____/____
(month) (day) (year)

Social Security Number ____-____-____

Phone Number _____ Gender (Please Circle): Male Female

Street Address _____

City _____ County _____ State _____

Zip Code _____ How long have you lived at this address? _____

Driver's License Number and State _____

Previous Addresses for Past 7 Years (most recent first)

Street Address _____

City _____ County _____ State _____

Zip Code _____ How long have you lived at this address? _____

Street Address _____

City _____ County _____ State _____

Zip Code _____ How long have you lived at this address? _____

Street Address _____

City _____ County _____ State _____

Zip Code _____ How long have you lived at this address? _____

Street Address _____

City _____ County _____ State _____

Zip Code _____ How long have you lived at this address? _____

Street Address _____

City _____ County _____ State _____

Zip Code _____ How long have you lived at this address? _____

MN & Oklahoma Residents please note: In connection with your application for employment/service, your consumer report may be obtained and reviewed. Under Minnesota and Oklahoma law, you have right to receive a free copy of your consumer report by checking the appropriate box below.

___ YES, I am a Minnesota resident and would like a free copy of my consumer report.

___ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: Under CA law, you have a right to receive a free copy of your report by checking the appropriate box below.

___ YES, I am a California resident and would like a free copy of my investigative consumer report.

Printed Name _____

Street Address _____

City, State, Zip _____

This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources.

California Notice:

You have the right under Section 1786.22 of the California Civil Code to contact ChoicePoint during normal business hours to obtain your file for your review. You may obtain such information as follows:

1. In person at ChoicePoint's office at the address listed above. You will need to furnish proper identification prior to receiving your file. You may have someone accompany you and should inform such person that they will also have to present reasonable identification. If you want ChoicePoint to disclose to or discuss your information with this third party, you may be required to provide a written statement granting ChoicePoint permission to do so.
2. By certified mail, if you make a written request (and provide proper identification) to have your file sent to a specified addressee.
3. By telephone, if you have previously made a written request and provided proper identification.

ChoicePoint has trained personnel to explain any information that is furnished to you and to explain any information that is coded.

BACKGROUND VERIFICATION DISCLOSURE

This is used to inform you that a consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor.

Please submit these via mail to: Kids Alive International, 2507 Cumberland Drive, Valparaiso, IN 46383 (Attn: Cambria Breitzke) or submit via email to cambria@kidsalive.org or fax to 219.462.5611 (Attn: Cambria Breitzke)