



RELEASE FORM

As part of the process of determining your eligibility for employment, volunteering or internship and, in the event you are hired, your continued employment, volunteering or internship with HCHF may conduct an investigation of your background for the last 7 years by obtaining a consumer report or investigative consumer report relating to you from a consumer reporting agency of its choice. The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, education, employment history, criminal history, motor vehicle history, or mode of living.

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. I acknowledge receipt of a copy of my rights under the Fair Credit Reporting Act. If HCHF intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with an additional copy of the report and a description of your rights under the Fair Credit Reporting Act. I hereby release all contributing parties or sources from whom any information is lawfully obtained, from any and all claims or liability which is in any way related to this or any background investigation and preparation of any consumer report or investigative consumer report.

I hereby authorize HCHF to make an independent investigation of my background by obtaining a consumer report relating to me from *Mind Your Business, Inc. ("MYB")* I understand and agree that the information contained in any consumer report will be used to determine eligibility for employment and, if I am hired or asked to volunteer, my eligibility for continued employment or volunteering, and that action may be taken by HCHF based on this information.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to HCHF, by and through *MYB*, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources, *including alcohol and controlled substance information from previous employers.* To assist HCHF, in obtaining a consumer report, the following information is provided:

**MA, MN, OK, NY, ME, WA, NJ, and CA applicants only: If you want a free copy of the report(s) ordered, check this box .**

Full Name (Printed) \_\_\_\_\_  
First Middle Last Maiden/Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete Residence Address \_\_\_\_\_  
Street Number/ PO Box Street Name

City State Zip Code County

Date of Birth\* \_\_\_\_\_ Social Security Number \_\_\_\_\_

(\*You may elect to call MYB directly at (888) 758-3776 with this information)

Driver's License Number \_\_\_\_\_ State Issued \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

**Please list all additional residences that you have resided in during the past 7 years:**

Street Number/ PO Box Street Name City State Zip County

Street Number/ PO Box Street Name City State Zip County

Street Number/ PO Box Street Name City State Zip County

\*This information is voluntary. However, without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background search.