**Applicant Information Release**

This authorization and consent for release of personal information acknowledges that the Alliance Senior Center, INC. and its agent may now, or at any time I am employed by the Alliance Senior Center, INC., conduct investigations, whether the records are of a public, private, or confidential nature.

I hereby certify that the information contained in this application form is true, correct, and complete. I understand that if any information proves to be incorrect or incomplete, grounds for the canceling of any and all offers of employment will exist and may be used at the discretion of the Alliance Senior Center, INC.. I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, will be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that my prospective employer may make inquiries including, but not limited to, my consumer credit history, education, professional licensing, and criminal history and driving history. Furthermore, I understand that my prospective employer and the Alliance Senior Center, INC. may request information from various federal, state, and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, and civil and other experiences.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation, as well as the name of the reporting agency or sources of information.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state institutions, and private information bureaus or repositories) contacted by the prospective employers from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees, and other persons who, in good faith, provide to the prospective employer the abovementioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be valid as the original.

Print full name:

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth\*:

Current address:

City/State/ZIP:

Driver’s license #:

Prospective employer:

Applicant’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

*\* Date of birth is being requested only for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.*