

Town of Chapel Hill Consumer Reports Release



POSITION TITLE: _____

DEPARTMENT: _____

SUPERVISOR: _____

HR PARTNER: _____

ILLEGIBLE FORMS MAY EFFECT YOUR TURNAROUND TIME. PLEASE MAKE SURE ALL INFORMATION IS COMPLETELY FILLED OUT SO WE CAN CONTACT YOU SHOULD THERE BE A NEED FOR VERIFICATION.

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SUFFIX: _____

MAIDEN NAME: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

GENDER (CIRCLE ONE): MALE/FEMALE

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOW LONG? _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ HOW LONG? _____

DRIVER'S LICENSE # _____ State Issued: _____ Expiration Date: _____

CANIDATE'S EMAIL ADDRESS: _____

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

The Town of Chapel Hill ("the Company") may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal background, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by FirstPoint, Inc., P.O. Box 26140 Greensboro, NC 27402, 800-449-0245, www.firstpointresources.com. The scope of this disclosure is all-encompassing, however, allowing The Town of Chapel Hill to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature Date

Printed Name Date of Birth and last four of SSN

OFFICE USE ONLY BELOW THIS LINE

Requestor: _____ Date Requested ____/____/____ Date Received ____/____/____

Criminal Records Credit Report Motor Vehicle Record Social Security Trace

Criminal Verifications.....Where?

1. _____ 2. _____ 3. _____

Education Verifications.....Where? _____

Professional License Verifications.....Where? _____

Employment.....Where? _____