

# VOLUNTEERS OF AMERICA of NORTHERN NEW ENGLAND

Through Its agent

## CORPORATE INTELLIGENCE

P.O. Box 7056 • Lewiston, Maine 04243-7056  
Telephone (207) 783-0000 • FAX (207) 795-6004  
[www.KnowWhoYouHire.com](http://www.KnowWhoYouHire.com)

### Authorization To Release Information

“Consumer Report” as defined by F.C.R.A.

#### For Employment Purposes Only

I have carefully read and understand this Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as Corporate Intelligence to **VOLUNTEERS OF AMERICA OF NORTHERN NEW ENGLAND** and its designated representatives and agents. I understand that if **VOLUNTEERS OF AMERICA OF NORTHERN NEW ENGLAND** hires me, my consent will apply, and **VOLUNTEERS OF AMERICA OF NORTHERN NEW ENGLAND** may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Authorization form in original, faxed, photocopied or electronic (including electronically signed) form; will be valid for any reports that may be requested by or on behalf of **VOLUNTEERS OF AMERICA OF NORTHERN NEW ENGLAND**.

**PRINT CLEARLY:**

Applicant \_\_\_\_\_  
First Name Middle Name Last Name

Prior Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Present Address: \_\_\_\_\_

Prior Address: \_\_\_\_\_

Prior Address: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ STATE \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

<b>LEVEL 23</b> <input type="checkbox"/>	<b>LEVEL 25</b> <input type="checkbox"/>	<b>LEVEL 26</b> <input type="checkbox"/>
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