

Indiana Teen Challenge Criminal Background Check Form

DISCLOSURE AND AUTHORIZATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND CRIMINAL INVESTIGATION

Indiana Teen Challenge Inc. ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. 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 history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope IS FOR PAST CRIMINAL RECORDS ONLY and is conducted by LexisNexis Screening Solutions Inc, P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND CRIMINAL INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency to furnish any and all criminal background information requested by LexisNexis Screening Solutions Inc., P.O. Box 105108, Atlanta, GA 30348-5108, 1-800-845-6004, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name _____ First _____ Middle _____

Signature: _____ Date: _____

Social Security* # _____ Date of Birth _____

Present Address _____ Phone Number _____

City/State/Zip _____

Previous Address if recently moved _____

REQUIRED NOTICES

Enclosed are the following notices we believe may assist you with your compliance under the law:

- **A Summary of Your Rights Under the Fair Credit Reporting Act, prepared by the Federal Trade Commission (FTC)**

This document **MUST BE PROVIDED** to any applicant or employee **BEFORE YOU TAKE ADVERSE ACTION AGAINST THEM** based in whole or in part on a consumer report (such as a background verification). Adverse Action is considered any denial of benefits, such as denial of job, promotion, or dismissal, etc.

- **Notice to Users of Consumer Reports**

This notice details many of your obligations under the FCRA and was prepared by the FTC.

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA.

For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.