

LIVE UNITED



**United Way of
Northwest Arkansas**

100 Parkwood Street
Lowell, AR 72745
T: 479-303-4412
F: 479-770-0133
unitedwaynwa.or

DISCLOSURE & CONSENT FOR BACKGROUND CHECKS

DISCLOSURE REGARDING BACKGROUND CHECKS

Please be advised that one or more comprehensive background reports may be obtained by United Way of Northwest Arkansas (UW) for contractual purposes prior to any offer of a contract and prior to other decisions including decisions regarding hiring, promotion, reassignment or retention as an employee. These reports may include information concerning criminal convictions, educational history, or other information relating to financial irresponsibility.

These reports may also include investigative consumer reports, including information obtained through interviews and concerning your character or general reputation. If UW obtains an investigative consumer report, you may request in writing a complete and accurate disclosure of the nature and the scope of the investigation requested in the investigative consumer report. You may also request, in writing, a written summary of your rights under the Fair Credit Reporting Act.

CONSENT TO OBTAINING CONSUMER REPORTS

Read Carefully Before Signing:

I have read the above "Disclosure Regarding Consumer Reports" and hereby authorize UW to obtain consumer reports, including investigative consumer reports, concerning me for contractual purposes, which purposes include evaluating me for contractual services, employment, promotion, reassignment or retention as an employee, or any other employment purpose, at all times during the pendency of my application and, if I am hired or contracted with, at all times during my working period. If I am hired or contracted with, this authorization shall remain on file and shall serve as ongoing authorization for UW to procure consumer reports, including investigative consumer reports, for lawful purposes at any time during my working period.

I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to relate information or opinions about myself, including data received from other sources, in order that I may be evaluated for employment purposes. I hereby release these persons and/or organizations from any and all liability for damages of whatever kind or nature, whether known or unknown, which may at any time accrue to me on account of information obtained pursuant to this authorization.

PLEASE PRINT

Name: _____ Date of Birth: _____

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____ Social Security Number: _____

Signature: _____ Date: _____