



DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment, program participation or to serve as a volunteer with the **Denver Rescue Mission**, or to receive program services provided by the **Denver Rescue Mission** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment, volunteer or program participation purposes, whichever is applicable, from Global Screening Solutions, a consumer reporting agency as defined by the Fair Credit Reporting Act.

The report may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, credit history or worker's compensation (only for a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired, serve as a volunteer, or enter into a program, whichever is applicable, throughout the course of my employment, volunteer service, or program participation as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Global Screening Solutions, 4833 Front Street Unit B #448, Castle Rock, CO 80104 or 1-866-454-2325.

Acknowledgement and Authorization

(Please print clearly)

Last Name _____ First Name _____ Middle Name _____

Permanent Address _____

City _____ County _____ State _____ Zip _____ Length of Time _____

Previous Address _____

City _____ County _____ State _____ Zip _____ Length of Time _____

SSN _____ Driver's License/State ID _____ State Issued _____

Date of Birth: _____ Any Prior Name(s) Used: _____

All states in which I may have any legal matters or records, including any and all civil and criminal records, are listed below. Also listed are the date each matter arose and a description of the nature of the action. Please use bottom of this form if additional space is required.

Offense/Judgment	Date	County	State	DL#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list all addresses you have lived at for the **last 7 years**. Please use bottom of this form if additional space is required.

Street Name	City	State	Zip Code	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How long have you lived in the state of Colorado? _____

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

I, the undersigned, expressly acknowledge and agree that the foregoing authorization and release is intended to be as broad and inclusive as is permitted by law, and if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect. All the above information is true and accurate to the best of my knowledge.

Signature

Today's Date _____

(Do Not Sign Without Reading)