



# McKENZIE COUNTY

## DISCLOSURE AUTHORIZATION AND CONSENT FORM

We welcome your application with McKenzie County. This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604(b) to the applicant that a social security number trace, motor vehicle verification, education, previous employment, credit and a criminal background verification. In addition, investigative consumer reports gathered from personal interviews with former employers and other past or current associates of mine to gather information regarding my work performance, character, general reputation, and personal characteristics may be obtained for the purpose of this employment application. By the signature below, the Applicant acknowledges that McKenzie County has made this disclosure.

### **APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

This release and authorization acknowledges McKenzie County may now, or any time while I am employed/training, conduct a verification of my education, previous employment/work history, credit history, contact personal references, motor vehicle records, conduct drug testing, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the job requirements. The results of this verification process will be used to determine employment/training eligibility under McKenzie County employment/training policies. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/training, before making the adverse decision, we will provide you with a copy of the report and a description in writing of your rights under the law.

### **I have read and understand this disclosure, and I authorize the background verification.**

I authorize person, schools, current and former employers, and other organizations and Agencies to provide McKenzie County with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/training was denied based on information obtained by my prospective employer/training program and to receive a disclosure of the public record information and of the nature and scope of the investigative report.

Applicant Last Name	First Name	Middle Name
List of Other Names Used	Date of Birth (For Identification Only)	Social Security Number
Driver's License Number	State Driver's License Issued	Last Name on Driver's License
Current Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates
Previous Address	City/State/Zip	Dates

**By typing my name below, I am signing this application form electronically. I agree my electronic signature is the legal equivalent of my handwritten signature.**

Applicant Signature

Date