



## Disclosure and Authorization to Obtain Investigative Consumer Report and Criminal Background Check

In connection with my application for employment or promotion or other job change, I understand that **Butte County Association of Governments (BCAG)** may obtain an **INVESTIGATIVE CONSUMER REPORT AND CRIMINAL BACKGROUND CHECK** that will include information as to my character, general reputation, criminal and driving record, personal characteristics and mode of living. This report may reveal information about work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Such a report may be requested by BCAG or on behalf of BCAG. Further, I understand and agree that BCAG may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background and professional licensing if any.

Report will be ordered from: CHECKR.COM

If a consumer investigative report or criminal background check is obtained and an adverse decision is made affecting your potential employment, BCAG will provide to you, before making the adverse decision, a copy of the investigative consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

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### NOTICE TO CALIFORNIA APPLICANTS

You have a right to obtain a copy of any investigative consumer report or criminal background check obtained by BCAG by checking the box provided below. The report will be provided to you within three business days after the report is provided to BCAG.

I request to receive a free copy of this report by checking this box.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency named above during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at the Consumer Reporting Agency identified above in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

I acknowledge that a fax or copy of the Disclosure and Authorization bearing my signature shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities. I acknowledge that I have received a copy or viewed online the Summary of Rights pursuant to the Fair Credit Reporting Act (FCRA).

Name:

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

SSN: Click or tap here to enter text. Date of Birth: Click or tap to enter a date.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_