

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Brain Injury Services and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee or volunteer. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number, current and previous residences, employment history including all personnel files, education, character references, criminal history records from any criminal justice agency in any or all federal, state county jurisdictions, motor vehicle records to include traffic citations and registration and any other public records.

I authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. This authorization and consent shall be valid in original, fax, or copy form.

I hereby release Brain Injury Services; and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time, result to me because of compliance with this authorization. You may contact me as indicated below; I understand that a copy of this authorization may be given to me at any time, provided I request it in writing. Information on this application and results of the background investigation will be maintained in confidence in accordance with company hiring practices.

Name: _____
 First Middle (full name) Last Maiden

Signature: _____ Date: _____

I may request a copy of any report that is prepared regarding me and “A *Summary of Your Rights under the Fair Credit Reporting Act.*” I may also request the nature and substance of all information about me contained in the files of the consumer reporting agency. I understand I have the right to inspect those files with reasonable notice during regular business hours and I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand proper identification will be required and I should direct my request to:

OneSource, Inc
12 North Braddock Street
Winchester, Virginia 22601.

California: Are you employed in, seeking employment in, or a resident of California?
YES NO

California, Minnesota, or Oklahoma: Are you employed in, seeking employment in, or a resident of one of these States? If so, do you wish to receive a copy of any Consumer Report of which you are subject?
YES NO

Maine or New York: You have the right, upon request, to be informed of whether a consumer report about you was requested by the above named company.

All other US States: Please contact OneSource at 1-888-285-3545 or the address above to request a copy of your consumer report.

Print All Former Names Used: (Maiden or AKA)

_____	_____	_____
Last	First	Middle
_____	_____	_____
Last	First	Middle

Current Street Address:

City: _____ **State:** _____ **Zip:** _____

Print Residences in the previous 7 years (City, State & Zip Code)

City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____

SSN: _____ - _____ - _____

Month of Birth: _____ **Day of Birth:** _____ **Year of Birth:** _____

Drivers License Number: _____ n/a Issuing State: _____ n/a

May we contact your current employer? Yes No

Have you been convicted of a felony, misdemeanor, or traffic infraction? Yes No

If yes, explain, please include when and where:

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____@_____