

NORTHEAST CLAIM SERVICE
P.O. BOX 1252
SCHENECTADY, NEW YORK 12301
(518) 882-5025

Applicant Consent Form for Pre-Employment Investigation & Release
AND
Authorization to obtain Investigative consumer report

Name of Company requesting check: _____

I understand the requirements of the Personal Screening Program of the aforementioned company and do hereby consent to have an investigation made by Northeast Claim Service on behalf of the company as to my employment qualifications and fitness. I agree to give any further information which may be required in reference to my past record. I also authorize and request every person, firm, company corporation, governmental agency, credit company, schools and/or institutions having control of any documents, records and other information pertaining to me, furnish to the company, its representatives and Northeast Claim Service to inspect and make copies of such documents, records and other information. I understand and agree that all documents, records and other information furnished to the company and Northeast Claim Service are privileged and confidential and furnishing of such documents, records and other information and/or contents thereof, shall not be a basis for any suit by me or on my behalf. I agree and understand that a copy of this Authorization may serve as an original. As an inducement for the company to investigate and determine relative to my employment qualifications and fitness, I hereby release, discharge and exonerate the Company, Northeast Claim Service, its agents and representatives and any person or entity furnishing, inspection or use of such reports, documents, records and other information. I hereby certify that I understand and agree to the foregoing. I authorize the National Personnel Records Center, St. Louis MO or other custodian of my military records to release to Northeast Claim Service information or photocopies of my military personnel and related records, or only the following information/records: _____ Service # _____ Branch of Service: _____ from _____ to _____

In accordance with the Fair Credit Reporting Act and the Federal Trade Commission staff opinions, I understand that I have a right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a reporting agency. If so, I will be so provided in writing and be given the name and address of the agency including their telephone number, a statement that the action was based in whole or in part on information contained in the report and written notice that I have the right if requested to obtain within sixty days a free copy of the report from the reporting agency to dispute the accuracy or the completeness of any information in a consumer report furnished by the reporting agency. I understand that upon my request with reasonable notice and after furnishing proper identification, Northeast Claim Service will provide me with the investigative information in my file during normal business hours in person or upon written request, by certified mail.

I understand that Northeast Claim Service is not involved in or make hiring decisions or recommendations: however Northeast Claim Service will provide a written explanation of any codes information contained in my file. I understand that any reports or investigative information obtained will be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand that request for workers' compensation information shall be after a conditional job offer is made and may include any and all inquiries pursuant to state law and in compliance with the Federal Americans with Disabilities Act.

The photographic or faxed copy of this form shall be valid as the original.

You have a right to a copy of this report within 3 business days of completion or before an adverse decision is made.

A complete summary of you rights under the Fair Credit Reporting Act has been issued to you with this authorization.

A copy of New York Correction Law Article 23-A has been issued to you with this authorization

Would you like a copy of the report provided to you. [] Yes [] No

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act (FCRA), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

Signature of Applicant _____ Date _____

Printed Name _____ Date of birth _____

_____ Social Security number _____ Drivers license number and State _____