

**INTERN/VOLUNTEER
NOTIFICATION / AUTHORIZATION / RELEASE OF INFORMATION**

NAME _____ DATE _____
PLEASE PRINT

In connection with my application for placement with **BROADWAY HOUSE FOR CONTINUING CARE** (hereafter referred to as **COMPANY**), I am hereby notified that the **COMPANY** intends to procure an investigative consumer report and I authorize the procurement of an investigative consumer report. I understand that the report will contain information about my background, character, general reputation, mode of living, credit worthiness and job performance. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that pursuant to the Fair Credit Report Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in the report by contacting the consumer reporting agency, **TABB, INC.**, whose address and telephone number are listed on the bottom of this form. I understand that I may have additional rights under State law which I may determine by contacting my State or local consumer protection agency. I hereby release the **COMPANY, TABB, INC.**, their officers, agents, employees, and servants from any liability arising from the preparation of this report or investigations relating thereto.

This authorization for release of information includes, but is not limited to, matters of opinion relating to my character, ability, reputation and past performance. I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information without restriction or qualification to **TABB, INC.**, and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release the above sources and firms, including the above named Company and **TABB, INC.**, from liability for complying with this authorization. I understand that any offer of placement from the above named Company will be contingent upon the results of a number of factors including this background check.

PRINTED NAME: _____ OTHER NAME(S): _____
FIRST M.I. LAST

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

PLEASE LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST TEN YEARS:

	STREET ADDRESS	CITY	STATE	ZIP CODE	DATES
1)	_____	_____	_____	_____	From: _____ To: _____
2)	_____	_____	_____	_____	From: _____ To: _____
3)	_____	_____	_____	_____	From: _____ To: _____
4)	_____	_____	_____	_____	From: _____ To: _____