

APPLICANT DISCLOSURE AND RELEASE FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS

In connection with my application for employment or volunteer service with Archdiocese of Indianapolis, I understand that a consumer report and/or investigative consumer report, as defined by the Fair Credit Reporting Act (FCRA), may be obtained from BARADA ASSOCIATES INC., its agents or employees, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background, including but not limited to driving records, court records, credit report, academic records, professional license record and employment related information or records. I agree to release Archdiocese of Indianapolis and Barada Associates from any liability for collecting that information.

I understand that an investigative consumer report is a special type of consumer report that is obtained through interviews and may contain information about my character, general reputation, personal characteristics, and/or mode of living. Upon my written request within a reasonable period of time, a complete disclosure of the nature and scope of that investigation will be made to me in writing within five days of the date on which the request was received.

I further authorize Archdiocese of Indianapolis, if I am hired or accepted, to request a consumer report and/or investigative consumer report about me, at any time during the course of my employment or service to the extent allowed by law. I agree that this Disclosure and Release will be valid, now or in the future, in original, faxed, copied or electronic form.

I acknowledge that I have received a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."

I understand that my date of birth will be used solely for identification purposes.

First Name _____ Full Middle _____ Last _____

Any other name(s) used _____

Social Security # _____ Date of Birth _____

Position Applied For _____

Present Address _____

City/State/Zip/County _____

Telephone Number(s) _____

Previous Cities/States of Residence during last 7 years _____

Driver's License # _____

Professional License # (if applicable) _____

Applicant Signature _____ Date _____

California, Minnesota, and Oklahoma residents only: Please initial here only if you are requesting a copy of the consumer report prepared for you _____