



## Fair Credit Reporting Act Disclosure and Authorization Statement

Full Printed Name of Applicant: \_\_\_\_\_ \*

Other Names Used: \_\_\_\_\_ \*

Maiden Name: (If applicable) \_\_\_\_\_ \*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ \*

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \*

Current Street Address: \_\_\_\_\_ \*

City, State, Zip Code \_\_\_\_\_

Drivers License Number \_\_\_\_\_ \*

*Please read carefully before signing below.*

For the purpose of evaluating my application for full-time employment or temporary assignment, I understand *Goodwill of Central Virginia* may obtain or have prepared a consumer report or investigative consumer report concerning my prior employment, military record, education, credit character, general reputation, criminal background record, driving record, or mode of living.

By signing below, I am authorizing *Goodwill of Central Virginia* to obtain a consumer or investigative consumer report on me as part of the screening process for employment or temporary assignment. During the period in which I retain employment or assignment, I further authorize *Goodwill of Central Virginia* to obtain additional consumer or investigative consumer reports on me as necessary to evaluate my trustworthiness and reliability for purposes of continued employment or promotion.

By signing below, I also acknowledge that *Goodwill of Central Virginia* will provide me with a summary of my rights under the federal Fair Credit Reporting Act if requested.

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\_\_\_\_\_  
*This information on this form will be used solely for the purpose of identifying or eliminating possible records revealed during the background review.*

\_\_\_\_\_  
Print Name  
(Person performing background check)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date