



RELEASE FORM FOR CONSUMER REPORTS

Effective October 1, 2020, all Detroit Area Agency on Aging team members are required to submit a release for consumer reports form to perform a national background check and provide consent for the national sex offender registry search.

I understand investigative consumer reports which may contain public record information may be requested or made on me including criminal records, driving record, education, prior employer verification, and drug screening, pursuant to DAAA policies. These reports may include experience along with reasons for termination of past employment. Furthermore, I understand that DAAA will be requesting information from various Federal, State, local and other agencies which contain my past activities.

I hereby authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

The Agency has the right to make a request of CIC Applicant Background Checks upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my employment.

Print your name _____

Street Address _____

City _____ State _____ Zip _____

Social Security Number _____

Driver License State _____ License Number _____

For identification purposes: (as required by the state of Michigan)

Date of Birth Month _____ Day _____ Year _____

Race (Please circle one): African American, American Indian/Alaskan Native, Asian, Pacific Islander, Hispanic, White

Gender _____

Other former names _____

Professional License: State _____ Type _____ Number _____

Signature _____ Date _____