

Disclosure Regarding a Volunteer Background Report for the Town of Windsor

The Town of Windsor may obtain from *American Screening, LLC PO Box 1444 Hebron CT 06248, 888-251-4044 www.americanscreening.com* a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your Volunteer application. If you are selected, to the extent permitted by law, the Town of Windsor may obtain from American Screening further reports throughout your Volunteer Post without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including government agencies and judicial records and other sources. If I am not selected based on my background check from American Screening, LLC I will receive a copy of my report and a copy of A Summary of Your Rights according to the FCRA. If I find any errors on my report, I may contact American Screening, LLC who will research the request and respond within 48 hours with the results of the new research.

Signature

Print name

Date

Authorization to Obtain a Volunteer Background Report

I have read the Disclosure Regarding Volunteer Background Report provided by the Town of Windsor and this Authorization to Obtain a Volunteer Background Report. By my signature below, I hereby consent to the preparation by American Screening, LLC, a consumer reporting agency address: PO Box 1444 Hebron, CT 06248 can be reached at 888-251-4044 www.americanscreening.com of background reports regarding me and the release of such reports to the Town of Windsor and its designated representatives, to assist the Town of Windsor making a decision involving me at any time after receipt of this authorization and throughout my employment, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, motor vehicle record agency, or other information service bureau or data repository to furnish any and all information regarding me to American Screening, LLC and/or the Town of Windsor itself, and authorize American Screening, LLC to provide such information. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT." INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (To be used for no other purposes).

Full Name _____
First Name Middle Name Last Name

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____

Driver's License Number: _____ State License issued: _____

Current Residence Address: _____
(Number and Street)

City _____ State _____ Zip _____

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

If a graduate, what was your name at the time of degree receipt? _____

Please list any alternate names you have used in the last 7 years:

First Name Middle Name Last Name

First Name Middle Name Last Name

First Name Middle Name Last Name

Signature: _____

Print name: _____

Date: _____

Email: _____

Washington State Applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

California, Massachusetts, Minnesota, New Jersey and Oklahoma Applicants Only: Please check the box to the left if you would like a free copy of any REPORT obtained by COMPANY from American Screening, LLC.

New York Applicants Only: By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.

Maine Applicants only: Upon request, you will be informed whether or not an investigative consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.