Eastern Oregon Alcoholism Foundation
Substance Abuse & Detoxification Services
Disclosure Form to Obtain Consumer Reports for Employment Purposes

EOAF, Inc.
Celebrating 60 Years
1960 ~ Present

DISCLOSURE

*Please Read Carefully Before Signing the Authorization

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Eastern Oregon Recovery Center ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr., Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

*Please complete and return the attached forms with your Application for Employment

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Eastern Oregon Recovery Center to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do _____ **I do not**_____ authorize you to contact, through **IntelliCorp Records, Inc.,** *my current* employer for Employment and Reference Verifications. *(Checking **"I do"** will authorize inquiries to the Human Resources Department and to any listed supervisors.)*

_____   _____   _____
Printed Name   Signature   Date

Personal Data

_____ _____ _____
Last Name   First Name   Middle Name

_____ _____
Other Names Used (including maiden name) Years Used

_____ _____ _____ _____
DOB   Social Security Number Driver's License # DL State

_____ _____ _____
Current Address   City, State, Zip Code   Dates Lived Here

_____
Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc.,** upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.,** has previously furnished within the two-year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

_____ _____ _____
Printed Name   Applicant Signature   Date