

NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

I understand that National MS Society may now, or at any time while volunteering or employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine volunteer or employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated National MS Society personnel.

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for volunteering or employment. I further understand this consent will apply during the course of volunteering or employment, should I obtain such position, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by National MS Society and confirm that all such information is true and correct. I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of volunteering or employment is true and complete to the best of my knowledge. I understand that if I am employed or asked to be a volunteer, any false statements will be considered as a cause for possible dismissal.

I authorize Hirease, Inc. and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge National MS Society, our agent, Hirease, Inc. and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY (PLEASE PRINT OR TYPE)

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: _____ State: _____ Zip: _____
Social Security Number:	Former Address: (1)
Sex: _____ Race: _____	City: _____ State: _____ Zip: _____
Driver's License No.: _____ State of Issue: _____	Former Address: (2)
Month, Day and Year of Birth*:	City: _____ State: _____ Zip: _____
Educational Institution _____ Location (City, State)	Professional License _____ State Issued _____
Name Attended Under _____ Degree Awarded _____ Dates of Attendance/Graduation _____	License Number _____ Issue Date _____ Expiration Date _____

FOR CA, MN, OK: PLEASE PROVIDE ME WITH A COPY OF MY BACKGROUND INVESTIGATION REPORT. ☐ YES ☐ NO

IF YOU RESIDE IN CT, PLEASE LIST YOUR CONTACT INFORMATION FOR REPORT NOTIFICATION:

EMAIL: _____

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license (s) or certification (s)? ☐ Yes ☐ No If yes, please attach a complete explanation.

Have you ever been convicted of any criminal violation of the law other than a minor traffic violation or are you now under pending investigation or charges ☐ Yes ☐ No If yes, please attach a complete explanation.

**Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.*