



DISCLOSURE & AUTHORIZATION FORM FOR CONSUMER REPORTS

This serves to advise you that a consumer report and/or investigative consumer report may be obtained (including contract for services) for employment purposes with **Hudson Valley Federal Credit Union**. This process may include verification of education, credit history, employment history, a review of any local, county, state, and federal government agency records, court public records, driving records (MVR), workers' compensation claim files, and employment, personal or professional references.

References may include information pertaining to your general character and reputation, personal characteristics, mode of living and work habits. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. The source of the reports will be First Advantage Pre-Employment Screening, Inc., 2180 W. SR 434, Suite 4150, Longwood, FL 32779. Toll-free number: 800.725.5051 ext: 500.

Please be advised you have the right to inspect the files that the consumer reporting agency may have during normal business hours and upon furnishing proper identification. You also have the right to make a request of First Advantage, upon proper identification and the payment of any authorized fees, for the information in its files at the time of your request. The nature and scope of the investigative consumer report will be conducted during our pre-employment process, including criminal background/employment verification. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment (or contract). You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You hereby authorize and request, without any reservation, any present or former employer, school, law enforcement or criminal agency, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish First Advantage with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

If public record information about your character, general reputation, personal characteristics, and mode of living is obtained without using a consumer reporting agency, you will be supplied a copy of the public record information within seven days of our receipt of it unless you check this box where you hereby waive your right to obtain a copy of the consumer report.

Printed Full Name:	Maiden or Other Name Used:
Current Address: (Please provide City, State & Zip Code)	Home Phone Number:
Social Security Number:	Date of Birth:
Educational Background: (Please list all schools completed including city, state & country)	
Drivers License Number & State (if Applicable):	Email:
Signature:	Date: