

RELEASE AND AUTHORIZATION

I, _____ in connection with my application for WIOA Occupational Training, hereby authorize Atlanta Regional Commission/Atlanta Regional Workforce Development Board (ARC/ARWDB) and ScreeningOne, Inc. to perform a pre-training background screening check. I understand and agree to the following:

1. A background check is not only for the benefit of ARC/ARWDB as a sound business practice, but also for the benefit of all employees. It is no reflection on an applicant. I have read, understand and signed the separate Disclosure concerning my rights.
2. All reports are confidential, and provided to ARC/ARWDB for occupational training decisions only. Information is obtained in strict compliance with the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. Screening One may be contacted by writing to: Screening One, Inc., 2233 W. 190th Street, Torrance, CA 90504.
4. I authorize and release people, companies, references, current and former employers, schools, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to Company or Screening One.
5. I further release all of the above, including ARC/ARWDB and its contractors and Screening One, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

Your signature _____ Date _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

Last Name First Name Middle Name Social Security Number

DOB¹: ____/____/____ _____ _____
 Former Names Date of Name Change

¹ _____
Date of birth month and day is mandatory, year is optional.

Name on Drivers License

Driver's License or I.D. Number

State of Issue

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED
FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES

CURRENT:

FORMER:

FORMER:

FORMER:

FORMER:

FORMER:

FORMER:

May we contact your current employer? Yes____ No____

DISCLOSURE

For the benefit of Atlanta Regional Commission/Atlanta Regional Workforce Development Board (ARC/ARWDB), ARC/ARWDB has a policy of performing pre-occupational training background screening on customers as a condition of approval for specific occupational training programs. This policy is a business practice that protects everyone by ensuring placement opportunities at the end of training. All pre-occupation training inquiries are limited to information that affects hiring practices, job opportunities and the workplace. It is conducted in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA). The screening will be conducted by ScreeningOne, Inc., an outside agency. ARC/ARWDB may obtain a consumer credit report and/or an investigative consumer report on you as a training applicant.

1. The report consists of information deemed to have a bearing on job performance, and may include information from public and private sources, public records, former employers and references. The scope of the report may include information concerning driving record, civil and criminal court records, worker's compensation records, education, credentials, identity, past addresses, social security number, previous employment and personal references.
2. The report may also include reference checks from former employers, co-workers or references. Any past employment reference check is limited to job related information. These are known as an "investigative consumer report." This type of report is legally defined as a report based upon interviews that may contain information relating to my character, general reputation, personal characteristics or mode of living. You have the right to request additional disclosures of the nature and scope of the investigation and a statement of your rights. To receive this information or to inspect any files concerning such a report or to determine if a report on you has been requested, you may contact Company or Screening One, Inc. at (888) 327-6511, or at 2233 W. 190th Street, Torrance, CA 90504.
3. In using a report for training purposes, as an applicant you will be notified in writing if the background check reveals a record that will impact your ability to undertake a specific training and will be provided a copy of the record. You may review further description of consumer rights under the Federal Trade Commission section 609 (c) (3).
4. California Provisions: In California, any report concerning a consumer's character, general reputation, personal characteristics or mode of living is defined as an Investigative Consumer Report. In addition to your rights under federal law, you have the following additional rights: You have the right to inspect Screening One's files during normal business hours and on reasonable notice; the inspection may be in person, by certified mail, or by telephone if the individuals shows proper identification and pays for any copying charges; the applicant may be accompanied by one other person who must show proper identification; and trained ScreeningOne

personnel will explain any of the information in the report and will provide written explanation for any coded information.

5. CALIFORNIA, MINNESOTA, AND OKLAHOMA APPLICANTS ONLY:

I request a free copy of any Consumer Report, Investigative Report or Credit Report on me that is requested.

YES _____ NO _____

I, _____, hereby consent and authorize ARC/ARWDB and/or Screening One, Inc. to prepare each report as defined above for pre-occupational training purposes.

DATE _____

SIGNATURE _____

PRINT NAME _____