

*Effective July 1, 2010, it is unlawful in Oregon and Washington to use credit histories in any employment decision. Similar prohibitions may apply in other states.
When considering the use of credit reporting information, please contact your attorney.*

**Authorization for Release of Information
For Employment Purposes**

I, _____, understand that in conjunction with my application for employment with, promotion, reassignment and/or retention as an employee of _____ (NAME OF PRACTICE), _____ (NAME OF PRACTICE) will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to _____ (NAME OF PRACTICE).

I hereby authorize _____ (NAME OF PRACTICE) and its designated agents and representatives to conduct a comprehensive review of my background through a Consumer Report and/or an Investigative Consumer Report to be generated for employment, promotion, reassignment or retention as an employee of _____ (NAME OF PRACTICE). I understand that the scope of the Consumer Report/Investigative Consumer Report may include, but is not limited to, the following areas: my employment and education verifications, social security verification, current and previous residences, criminal and civil history, employment history including all personnel files, education, and character references, DMV records, birth records, any other public records and any other information bearing on my employment qualifications.

I hereby authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring, promotion or reassignment decisions. I hereby authorize and request any present or former employer, school, police department, or other persons having personal knowledge of me, to furnish _____ (NAME OF PRACTICE) and

its designated agents and representatives with any and all information in their possession regarding me in connection with an application for employment, promotion, reassignment and/or retention as an employee of _____ (NAME OF PRACTICE). This authorization and consent shall be valid in original, fax or copy form.

I hereby release _____ (NAME OF PRACTICE) and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of all kind whatsoever which may at any time result to me, my heirs, family or associates because of compliance with this authorization and information request. I also hereby release from all liability all persons, companies, entities and/or schools supplying such information. This release shall remain in effect for the duration of my employment with _____ (NAME OF PRACTICE).

I understand that, pursuant to the federal Fair Credit Reporting Act, _____ (NAME OF PRACTICE) will provide me with a copy of any Consumer Report and/or Investigative Consumer Report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with _____ (NAME OF PRACTICE) or for promotion, reassignment or retention as an employee of _____ (NAME OF PRACTICE). I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

Signature of Applicant or Employee

Printed Name of Applicant or Employee

Dated