



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

Phone: 712-256-1701

Fax: 866-551-4908

Monticello Community School District ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **3rd Degree Screening, INC 100 East Broadway, Suite 201, Council Bluffs, IA 51503, 855.256.4251** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Monticello Community School District** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any nvestigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **3rd Degree Screening, INC 100 East Broadway, Suite 201, Council Bluffs, IA 51503, 855.256.4251**, another outside organization acting on behalf of **Monticello Community School District**, and/or **Monticello Community School District** itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by Monticello Community School District by contacting the consumer reporting agency identified above directly.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

Last Name _____ First _____ Middle _____ Sex Male _____ Female _____
 Other Names Maiden/Alias _____
 Social Security* # _____ Date of Birth* _____
 Driver's License # _____ State of Driver's License _____
 Professional License(s) _____
 Present Address _____ Phone Number _____
 City/State/Zip _____
 All Previous Addresses in the Last Seven Years _____

Signature: _____ Date: _____

Parent or Gaurdian (If Under 18 Years of Age)

Signature: _____ Date: _____



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address Fax Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last Waters		First Jimmy		Agency Name 3rd Degree Screening, INC		Telephone Number (712)256-1701	
Address 100 East Broadway, Suite 201						Fax Number (866)551-4908	
City Council Bluffs			State IA	Zip Code 51503		Email Researchers@3rd	
List the name and address of the person whose information is being requested:						DegreeScreening.com	
Name (last, first, middle)				Birth Date		Social Security Number	
Address			City	County		State	Zip Code
List maiden name, previous married names, and any alias:							
What is the purpose of your request for child or dependent adult abuse information? Potential Employment and/or Volunteer							
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.							
Signature of Requestor <i>Jimmy Waters</i>						Date	

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	