

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

_____ ("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, and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records ("driving records"), verification of your education and employment history or other background checks.

ACKNOWLEDGMENT AND AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT,.. I certify that I have read and understand those documents.

I hereby authorize _____ ("the Company") to obtain "consumer reports" and/or "investigative consumer reports" about me at any time during the hiring process 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, insurance company or other party to furnish any and all background information requested by 3rd Degree Screening, 100 E. Broadway #201, Council Bluffs, IA 51503, (855) 256-4251 (the Agency") and/or the Company.

State of Washington applicants and employees only: If the Company requests an investigative consumer report from a consumer reporting agency, you have the right to receive a complete and accurate disclosure of the nature and scope of the investigation requested by Company. You also have the right to request from the Agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Massachusetts and New Jersey applicants and employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the Agency identified above directly.

New York applicants and employees only: You have the right, upon request, to be informed of whether or not a consumer report was requested from a consumer reporting agency by contacting the Agency. If a consumer report was requested, you will again be provided with the name and address of the consumer reporting agency furnishing the report. You may also inspect and receive a copy of the report by contacting the Agency with the contact information above. By signing below, you also acknowledge receipt of Article 23-A of the NY Correction Law.

Minnesota applicants and employees only: You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five (5) days of receipt of your request or of Company's request for the report, whichever is later. Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

Oklahoma applicants and employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants and employees only: 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 at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. ☐

Signature

Date

Print Name

PERSONAL INFORMATION NECESSARY TO FACILITATE BACKGROUND CHECK

Please provide the following information in order to facilitate a background check on you.

First Name Middle Name Last Name

Please provide any previous names/maiden names that have ever been associated with your name.

Social Security Number Date of Birth

Driver's License Number State of Driver's License

Current Street Address (No P.O. Boxes) City State Zip County

Previous Street Address (No P.O. Boxes) City State Zip County

Previous Street Address (No P.O. Boxes) City State Zip County

Previous Street Address (No P.O. Boxes) City State Zip County

Phone Number Email Address



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@3rdDegreeScreening.com	
List the name and address of the person whose information is being requested:					
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? Employment; Volunteer; Re-Check for Employment; Re-Check for 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
---------------------------------	------

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	

LEGAL PROVISIONS FOR HANDLING CHILD AND DEPENDENT ADULT ABUSE INFORMATION

Redissemination of Child and Dependent Adult Abuse Information (Iowa Code sections 235A.17 and 235B.8)

A person, agency, or other recipient of child or dependent adult abuse information shall not re-disseminate (release) this information, except that re-dissemination is permitted when **ALL** of the following conditions apply:

- ◆ The re-dissemination is for official purposes in connection with prescribed duties or, in the case of a health practitioner, pursuant to professional responsibilities.
- ◆ The person to whom such information would be re-disseminated would have independent access to the same information under Iowa Code sections 235A.15 or 235B.6.
- ◆ A written record is made of the re-dissemination, including the name of the recipient and the date and purpose of the re-dissemination.
- ◆ The written record is forwarded to the Central Abuse Registry within 30 days of the re-dissemination.

Criminal Penalties (Iowa Code sections 235A.21 and 235B.12)

A person is guilty of a criminal offense when the person:

- ◆ Willfully requests, obtains, or seeks to obtain child or dependent adult abuse information under false pretenses, or
- ◆ Willfully communicates or seeks to communicate child or dependent adult abuse information to any agency or person except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8, or
- ◆ Is connected with any research authorized pursuant to Iowa Code sections 235A.15 and 235B.6 and willfully falsifies child or dependent adult abuse information or any records relating to child or dependent adult abuse.

Upon conviction for each offense, the person is guilty of a serious misdemeanor punishable by a fine or imprisonment.

Any person who knowingly, but without criminal purposes, communicates or seeks to communicate child or dependent adult abuse information except in accordance with Iowa Code sections 235A.15, 235A.17, 235B.6, and 235B.8 is guilty of a simple misdemeanor punishable, upon conviction for each offense, by a fine or imprisonment.

Any reasonable grounds for belief that a person has violated any provision of Iowa Code Chapters 235A or 235B shall be grounds for the immediate withdrawal of any authorized access that person might otherwise have to child or dependent adult abuse information.