

# FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION DISCLOSURE

As an applicant for becoming a Host Home with Ariel Clinical Services, you are a consumer with rights under the Fair Credit Reporting Act. When any of the following circumstances exist, Ariel Clinical Services, may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you: (1) when considering your application to be an independent contractor, (2) when making a decision whether to offer you a contract, (3) when deciding whether to continue your contractor status (if you are selected), or (4) when making other contract-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Ariel Clinical Services.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, associates or others with whom you are acquainted or who may have knowledge concerning any such items of information.

An investigative consumer report may be requested by Ariel Clinical Services. You may request, in writing and within a reasonable time, additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

## Authorization

**By signing below, I, \_\_\_\_\_, hereby voluntarily authorize Ariel Clinical Services, to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my contractor status at Ariel Clinical Services. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.**

### **This requires the following background checks:**

- ✓ Criminal Background Investigation (CBI)
- ✓ CBI Sex Offender Background Check
- ✓ Office of Inspector General
- ✓ National Sex Offender Background Check
- ✓ Reference check
- ✓ Driver's License Record
- ✓ Drug Screen

*Background checks are reviewed annually.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Maiden Name, Previous Names, and/or Aliases

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date of Birth