



**Applicant Notification/Release of Information**

The purpose of this form is to notify you that a consumer Report and/or an Investigative Consumer Report may be conducted on you in the course of consideration for employment.

I hereby authorize **Big Brothers Big Sisters of Central NM (BBBS-CNM)** or any agency acting on behalf of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and military services to release information about my background. This release includes, but is not limited to, information about my employment, education, consumer credit history, driving records, and general public record history to the person or company with which this form has been filed. This releases the previously mentioned parties from any liability and responsibility for collecting the above information, this release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if: (1) any adverse action/decision is made based on the information in the consumer report, and (2) if my request is made in writing 60 days of the adverse action. If an Investigative Consumer Report is conducted, I will be notified in writing within three (3) days from the request of said report.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

*Please write clearly in pen ink only:*

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_

List any other names used in the last seven years: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security number \_\_\_\_\_

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

Professional License Held, if applicable \_\_\_\_\_ State \_\_\_\_\_ LIC # \_\_\_\_\_

Current Address \_\_\_\_\_

Date moved to your current address \_\_\_\_\_ Telephone # \_\_\_\_\_

**LIST OTHER CITIES OR TOWNS YOU HAVE LIVED IN DURING THE PAST SEVEN YEARS**

- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ - \_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ - \_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ - \_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ - \_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ - \_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_ - \_\_\_\_

*(Continue if necessary on a second sheet of paper).*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_