

## APPLICANT DISCLOSURE AND AUTHORIZATION FORM



[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING  
AUTHORIZATION]

*DISCLAIMER: This is an and user obligation under the FCRA. This document is intended for instructional purposes only and is not intended as legal advice. We recommend you consult with an attorney to review this document and the attached state notices to ensure your compliance with applicable state laws related to background screening and consumer notices and disclosures.*

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

[Employer] ("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. The scope of this notice and authorization is allowing the Company 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. 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.

### ACKNOWLEDGMENT AND AUTHORIZATION

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. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

#### PLEASE PRINT LEGIBLY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Other Legal Names/Alias: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State of Driver's License: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_

All Previous Full Addresses in the Last Seven (7) Years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This information will be used for background screening purposes only and will not be used for any other purpose.*



## 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.

Abuse Registry being requested: ☐ Child Abuse ☐ Dependent Adult Abuse ☐ Both

Please specify your preferred **method of response**: ☐ Address ☐ Fax ☒ Email

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

Last Name One Source the Background Check Company		First Name		Agency Name		Telephone Number (800) 608-3645	
Address PO Box 24148						Fax Number (800) 929-8117	
City Omaha		State NE	Zip Code 68124		Email iaregistry@onesourcebackground.com		
What is the purpose of your request for child or dependent adult abuse information? Employment							
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 Requester						Date	

### Section 2: To be completed by person authorizing HHS to release their abuse information.

Name (last, first, middle)			Birth Date		Social Security Number	
Address		City	County	State	Zip Code	
List maiden name, previous married names, and any alias:						
I understand that my signature authorizes the requestor 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 2 of this form is correct.						
Signature of Person Authorizing Release					Date	

### Section 3: To be completed by the Central Abuse Registry or designee.

Signature of Registry Staff or Designee		Date	
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## **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 disseminate (release) this information, except that dissemination is permitted when ALL of the following conditions apply:

- ♦ The 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 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 dissemination, including the name of the recipient and the date and purpose of the dissemination.
- ♦ The written record is forwarded to the Central Abuse Registry within 30 days of the 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.