

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN CONSUMER REPORTS

Keep this for your records

DISCLOSURE

In considering you for providing services as an independent contractor with, North Country Community Mental Health (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc. For explanation purposes:

a “consumer report” is a 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 making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and

an “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to 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 (“FCRA”).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize the Company to obtain and rely upon consumer reports or investigative consumer reports in considering me for providing services as an independent contractor and, if I am retained, in considering me for subsequent assignment, reassignment, retention, or discipline. By my signature on the attached form, I authorize the Company to obtain any such reports and to share the information received with any person involved in the servicing decision about me.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.



NORTH COUNTRY
COMMUNITY MENTAL HEALTH

NORTH COUNTRY COMMUNITY MENTAL HEALTH SERVICES

Administrative Services
1420 Plaza Drive
Petoskey, Michigan 49770
Phone (231) 347-7890 Fax (231) 487-2374

CRIMINAL HISTORY RECORD CHECK FOR INDEPENDENT CONTRACTORS

I hereby give my permission to North Country Community Mental Health to verify information given on my contract and do hereby release North Country Community Mental Health, Michigan State Police and their assigns or successors from all liability or claims and authorize the Michigan State Police to release to North Country Community Mental Health Services my conviction criminal history information. I hereby give my permission to North Country Community Mental Health to check with the Michigan Department of State, Lansing, Michigan to verify my driving record. I have read and understand the foregoing Disclosure, and authorize North Country Community Mental Health to obtain and rely upon consumer reports or investigative consumer reports in considering me for services and, if I am retained, in considering me for subsequent assignment, reassignment, retention, or termination of services. By my signature below, I authorize the North Country Community Mental Health to obtain any such reports and to share the information received with any person involved in the employment decision about me.

PLEASE PRINT CLEARLY. North Country Community Mental Health agrees to use the information from the Department of State Police for verification in regard to providing services as an independent contractor.

FULL NAME (AS SHOWN ON YOUR DRIVER'S LICENSE):

REPRESENTING (Contracted Entity):

PREVIOUS NAMES OR ALIAS:

STATES YOU HAVE LIVED OR WORKED IN OUTSIDE OF MICHIGAN IN THE LAST FIVE YEARS:

CURRENT HOME ADDRESS:

DRIVER'S LICENSE NUMBER:

STATE:

SOCIAL SECURITY NUMBER:

BIRTH DATE:

GENDER:

RACE:

APPLICANT EMAIL:

LAND PHONE:

CELL PHONE:

I agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Contracted Entity.

SIGNATURE: DATE:

DATE:

A COPY OF YOUR CURRENT DRIVER'S LICENSE/STATE ID IS REQUIRED TO BE SUBMITTED FOR IDENTITY VERIFICATION PURPOSES.

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Requested by: _____ Date: _____