



TOWN OF HUDSON

BACKGROUND INVESTIGATION CONSENT FORM

Use of this form is limited to the background investigation of a candidate for employment with the Town of Hudson.

As an applicant for employment with the Town of Hudson, Colorado, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me. These inquiries may include information as to my personal character, abilities, work habits, residency, immigration status, performance, experience, worker's compensation history, driving record, my consumer credit history relevant to the job I am applying for, medical background relevant to the job I am applying for, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that the Town of Hudson and/or its agents may make inquiries, including but not limited to my criminal history, driving history, medical background, Social Security number verification, consumer credit history, education, professional licensing, and worker's compensation history. Furthermore, I understand that the Town of Hudson and/or its agents may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, worker's compensation history, medical background, civil and other experiences.

I understand that according to the Equal Employment Opportunity Commission Regulations, I am entitled to know if employment is denied solely based on my worker's compensation history or any disability discovered in my medical background check. Upon written request, I will be given a copy of the information received regarding the worker's compensation history, or medical background check accompanied with an explanation of how either: (1) the potential hire posed a significant risk of substantial harm to the health or safety of the individual or others that could not be eliminated or reduced by reasonable accommodation and/or (2) the reason for rejection was job related and consistent with business necessity.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information. If the report contains information about my credit score, credit account balances, payment history, savings or checking account balances, or savings or checking account numbers, I will be provided a copy of the information. I understand that in the event this employer receives disqualifying information from a consumer credit report pertinent to my qualifications for employment, I will be given notice of the disqualifying information and provided a reasonable time to correct discrepancies.

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by the Town of Hudson and/or its agents to furnish any or all of the above-mentioned information. In addition, I hereby release the Town of Hudson and its agents from any and all liability for damages arising from the investigation and disclosure of the requested information. I do hereby release and discharge all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to this employer and/or its agents the above-mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be as valid as the original.

I further authorize the disclosure of any and all sustained findings of knowing misrepresentations, including any knowing misrepresentations in any testimony or affidavit relating to an arrest or prosecution or in a civil case related to me including in my employment history, or during the course of an internal investigation related to the my conduct made by me during the course of my employment with a law enforcement agency, pursuant to the provisions of C.R.S. §§ 24-33.5-114 and 31-30-107.

For more information, including information about additional rights, I understand that I may go to www.consumerfinance.gov/learnmore or write to: Bureau of Consumer Financial Protection, 1700 G Street N.W., Washington, DC 20552.

Print Full Name (Including Middle)

Date of Birth

Social Security Number

Driver's License State and Number

Current Address

Address(es) over the last 5 years:

Signature of Applicant

Today's Date

Note: The information contained on this form is for the specific employment background purposes stated above and may not otherwise be released without the employee's consent.