

**Milwaukee Center for Independence/MCFI Home Care
Release Form for Pre-Employment Investigation and Consumer Reports**

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment.

In consideration of **Milwaukee Center for Independence's** review of my application for employment, (herein referred to as **EMPLOYER**) I hereby voluntarily consent to and authorize **EMPLOYER**, or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment purposes. I agree that this consumer report may include any of the following:

- Employment Verification, Education Verification, Credentials Verification, Military Service Verification
- Personal Identity Verifications, Past Employment Verification, Reference Checks
- Criminal Records, Civil Cases, Motor Vehicle Records, Employment Credit Report

I authorize all persons and organizations that may have information relevant to this research to disclose such information to **EMPLOYER** or its authorized agents. I hereby release **EMPLOYER**, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original.

I understand that I have specific prescribed rights as a consumer under the federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law. I hereby certify that I have been presented with a summary of my rights as a consumer under the Fair Credit Reporting Act.

Print Your Name _____

Street Address _____

City _____ State _____ ZIP _____

For identification purposes:

Drivers License # _____ State _____

Social Security # _____

Date of Birth: Month ____ Day ____ Year ____

Other or Former/Maiden Names: _____

Professional License(s): (if any)

State ____ Type _____ License/Certificate # _____

State ____ Type _____ License/Certificate # _____

Signature

Date