



DISCLOSURE REGARDING CONSUMER REPORT BACKGROUND CHECK

Our Hope Association (“The Company”) may obtain information about you from a third-party consumer reporting agency for **employment**. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”).

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **ICHAT (Internet Criminal History Access Tool) through the State of Michigan**, <http://apps.michigan.gov>.

Signature: _____ Date: _____

PERSONAL DATA

_____	_____	_____
Last Name	First Name	Middle Name
_____		_____
Current Address		Dates Lived Here
_____	_____	_____
Date of Birth	Other Names Used (including maiden name)	Years Used
_____	_____	_____
Social Security Number	Driver's License #	DL State

Email address (may be used for official correspondence)		



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate standalone Disclosure and certify that I have read and understand it and this authorization. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Our Hope Association** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **ICHAT (Internet Criminal History Access Tool) through the State of Michigan**, <http://apps.michigan.gov>.

I do _____ do not _____ authorize you to contact, through ICHAT (Internet Criminal History Access Tool), *my current* employer for Employment and Reference Verifications. (*Checking “I do” will authorize inquiries to the Human Resources Department and to any listed supervisors.*)

I also consent to have any legally required notices sent electronically.

Printed Name

Signature

Date