

**APPLICANT DISCLOSURE AND RELEASE  
FOR CONSUMER AND INVESTIGATIVE CONSUMER REPORTS**

In connection with my application for employment or volunteer service with Archdiocese of Indianapolis, I understand that a consumer report and/or investigative consumer report, as defined by the Fair Credit Reporting Act (FCRA), may be obtained from BARADA ASSOCIATES INC., its agents or employees, and I authorize all corporations, employers, co-workers, references, credit reporting agencies, educational institutions, licensing bodies, courts, law enforcement agencies, governmental agencies or departments, and military services to provide information about my background, including but not limited to driving records, court records, credit report, academic records, professional license record and employment related information or records. I agree to release the aforesaid from any liability for collecting that information.

I understand that an investigative consumer report is a special type of consumer report that is obtained through interviews and may contain information about my character, general reputation, personal characteristics, and/or mode of living. Upon my written request within a reasonable period of time, a complete disclosure of the nature and scope of that investigation will be made to me in writing within five days of the date on which the request was received.

I further authorize Archdiocese of Indianapolis, if I am hired, to request a consumer report and/or investigative consumer report about me, for employment related purposes, at any time during the course of my employment to the extent allowed by law. I agree that this Disclosure and Release will be valid, now or in the future, in original, faxed, copied or electronic form.

I acknowledge that I have received a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."

I understand that my date of birth will be used solely for identification purposes.

First Name \_\_\_\_\_ Full Middle \_\_\_\_\_ Last \_\_\_\_\_ Suffix \_\_\_\_\_

Any other name(s) used \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Position Applied For \_\_\_\_\_

Present Address \_\_\_\_\_

City/State/Zip/County \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Previous Cities/States of Residence during Last 7 Years \_\_\_\_\_

\_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_