

Idaho Diabetes Youth Programs

2875 Mountain View Dr.
Boise, ID 83704
(208) 375-4333

APPLICANT DISCLOSURE AND RELEASE FOR PROCUREMENT OF A CONSUMER REPORT

In connection with your application for, or continued employment/volunteer service with IDAHO DIABETES YOUTH PROGRAMS, we may procure a consumer report (background check) on you as part of the process of considering your candidacy as an employee/volunteer. In addition, be advised that we may conduct a reference check. This reference check, also known as an investigative consumer report, may include information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers, references supplied by you, or by others that can assist with providing the aforementioned information. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential or continued employment/volunteer service, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act (FCRA).

Please be advised that you have the right to request, in writing, within a reasonable time, a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize IDAHO DIABETES YOUTH PROGRAMS to obtain a consumer report and/or investigative report about you in order to consider you for employment/volunteer service.

Applicant's Name	
Alias or Maiden names Used in the past 7 years	
Applicant's Current Street Address	
City/State/Zip	
Social Security Number	
Driver's License State and Number	
<input type="checkbox"/> <i>I have received, read and fully understand the SUMMARY OF RIGHTS that was given to me with this document.</i>	
Date of Birth	
Signature	
Today's Date	

Please note that incomplete forms will be returned to you.