



THE  
**EASTON VOLUNTEER  
EMERGENCY MEDICAL SERVICE, INC.**  
P.O. BOX 62 • EASTON, CONNECTICUT 06612 • 203.452.9595 • [www.eastonems.com](http://www.eastonems.com)

## **BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM**

In the interest of maintaining the safety of our customers, employees and property, The Easton Volunteer Emergency Medical Service (herein referred to as “the Company”) will order a Consumer Report (background report) or “investigative consumer report” on you in connection with your volunteer application, and if you are accepted as a volunteer, or if you already volunteer for the Company, may order additional background reports on you for volunteer purposes.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational, and as appropriate, driving records check; verification of prior employment; references, licensing, and certification checks; credit reports; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An “investigative consumer report” is a background report that includes information from such personal interviews, except in California where that term means any background report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP SASS or another outside organization.

The Company will engage APD Screening and Selection Services (ADP SASS), to prepare the background report. You may request more information about the nature and scope of an investigative consumer report, by telephoning the Company at 203-452-9595. A summary of your rights under the Fair Credit Reporting Act is being provided to you with this authorization form.

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to the Background Check Company and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker’s compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers’ compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state, or local laws and only after a conditional job offer is made. The information that can be disclosed to the Background Check Company and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

# BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than the Background Check Company without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Print Full Name : \_\_\_\_\_

Maiden/Other Names Used: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

*List Addresses for the Past 7 Years (use a separate sheet if necessary):*

Previous Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

From – To : \_\_\_\_\_

month / year – month/year

Previous Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

From / To: \_\_\_\_\_

month / year – month/year

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## STATE OF CONNECTICUT

County of: \_\_\_\_\_

SS: \_\_\_\_\_

Subscribed and sworn to me on this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

\_\_\_\_\_  
**Date Commission Expires**