



Peninsula Housing Authority

Serving Clallam and Jefferson Counties

2603 S. Francis Street, Port Angeles WA 98362

(360) 452-7631 • (360) 457-7001 Fax

email: info@peninsulapha.org

EMPLOYMENT APPLICANT DISCLOSURE AND AUTHORIZATION

Peninsula Housing Authority (“PHA”) uses ONLINE Information Services, Inc. (“ONLINE”) to conduct background investigations as part of its employment process. Such background investigations are covered by Section 603 of the federal Fair Credit Reporting Act (FCRA) and are termed “consumer reports” and/or “investigative consumer reports”. ONLINE is a “Consumer Reporting Agency” (CRA) covered by the FCRA. PHA uses the background reports for employment purposes. PHA will procure the report from:

ONLINE Information Services, Inc.
P.O. Box 1489
Winterville, NC 28590
Tel.: (800) 765-8268
www.onlineis.com

Under Section 603 of the FCRA, a consumer report or consumer investigative report is an independent investigation of your background, which may include information regarding your “character, general reputation, personal characteristics, or mode of living.” The background report that ONLINE provides may contain information about your driving record, civil and criminal legal and court records, criminal conviction records, education, professional or employment-related credentials, identity, locations and addresses where you have lived, Social Security number, and previous employment. The background report that ONLINE provides may also contain information obtained from public records, records of civil administrative adjudications, and findings and protection orders regarding children, developmentally disabled and vulnerable adults.

The FCRA requires that if PHA denies you employment as a result of information contained in a background report, it must provide you with a copy of the report, a summary of your rights under the FCRA, the name, address, and telephone number of the consumer reporting agency that furnished the report and a reasonable opportunity to respond to disputed information contained in the report.

I have carefully read and understand this Applicant Disclosure and Authorization. By my signature below, I authorize release to PHA of consumer reports and/or investigative consumer reports as part of its evaluation of my application for employment. I also authorize disclosure to PHA and/or to ONLINE or its agents information that PHA deems pertinent to its consideration of my application for employment, including but not limited to my employment history, earning history, education, motor vehicle driving licensure and record, criminal history, public records,

records of administrative adjudications, and findings and protection orders regarding children, developmentally disabled and vulnerable adults, by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; credit bureaus, solely to identify locations where you have lived; and other applicable sources. I understand that if PHA hires me, this authorization will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my authorization by sending a signed revocation letter or statement to:

Peninsula Housing Authority
Attn.: Human Resources Department
2603 S. Francis Street
Port Angeles, WA 98362

I also understand that, to the extent allowed by law, information contained in my job application or that I have otherwise disclosed before, during, or after my employment, if any, may be used to obtain consumer reports and/or investigative consumer reports. This Consumer Disclosure and Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any reports that PHA may request. I understand that providing false information or omitting material information on my employment application materials or as part of the employment process is grounds for rejecting my employment application, or terminating my employment, whenever discovered.

I have also received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" from PHA.

Please PRINT the following information then sign and date in the space provided below

First Name: _____ Middle Name: _____ Last Name: _____

Other/Former Name(s): _____

Current Street Address: _____

City: _____ State: _____ Zip code: _____

Years at Current Address: ____ Previous Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Social Security No.: _____

Driver's License No.: _____ State Where License Issued: _____

Signature: _____ Date signed: _____