

**FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION
DISCLOSURE**

As an applicant for employment, a current employee, volunteer or visitor of **Waldorf School Assn. of Boulder Inc. dba Shining Mountain Waldorf School**, you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, **Waldorf School Assn. of Boulder Inc. dba Shining Mountain Waldorf School** may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

Our *consumer reporting agency* is TruDiligence, LLC at 3190 S Wadsworth Blvd #260, Lakewood, CO 80227 1-800-580-0474, which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer information or other information on consumers for the purpose of furnishing consumer reports to others, such as **Waldorf School Assn. of Boulder Inc. dba Shining Mountain Waldorf School**.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By signing below, I hereby voluntarily authorize **Waldorf School Assn. of Boulder Inc. dba Shining Mountain Waldorf School**, to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at **Waldorf School Assn. of Boulder Inc. dba Shining Mountain Waldorf School**. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

I voluntarily authorize all persons, including current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, and municipal, state, and federal courts to release information they may have about me to **Waldorf School Assn. of Boulder Inc. dba Shining Mountain Waldorf School**. I understand that if I am employed by **Waldorf School Assn. of Boulder Inc. dba Shining Mountain Waldorf School**, this authorization shall remain in effect throughout my employment. This report may be delivered in either written or electronic form.

Signature

Date

Printed Name

Social Security Number

Date of Birth

This is not a credit check.

RESIDENCE FORM

PLEASE INCLUDE ALL INFORMATION FOR THE PAST 7 YEARS:

CURRENT NAME: _____

OTHER NAMES & DATES USED WITHIN LAST 7 YEARS: _____

• CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____

• PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____

• PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____

• PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____

• PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

COUNTY: _____ FROM: MONTH/YEAR ____/____ TO: MONTH/YEAR ____/____