



*Parkersburg-Marietta Contractors and Trades
Educational and Development Fund*

2400 Garfield Avenue
Parkersburg, WV 26101
(304) 485-6322



**AUTHORIZATION FOR RELEASE OF INFORMATION
BACKGROUND CHECK CONSENT FORM**

I hereby give ChoicePoint, an independent contract agency, permission and authority to conduct a background investigation and reference check concerning past and current activities. I agree and consent to any investigation by ChoicePoint The investigation includes, but is not limited to, information about my former employment, education, driving record, wage information, criminal convictions and other information contained in public records or obtainable from former employers or other references, both business and personal _____ (initials)

I consent to, authorize, and request any former employer, personal references, schools, police, court, and personal credit reporting agencies and any other person to respond to verbal or written inquiries from and to disclose information concerning: _____ (initials)

- (a) My previous employment record;
- (b) My educational records from any public or private educational institutions;
- (c) My general background (I specifically request, authorize and consent to ChoicePoint's written or verbal request of personal references);
- (d) My professional or vocational license(s) or certification(s) that I have held in the past or currently hold.
- (e) Whether I have a record of criminal conviction, and, if so, the nature of such criminal convictions and all surrounding circumstances;

I am aware that the results of any background investigation performed by ChoicePoint will be provided to my prospective employer, The Parkersburg-Marietta Contractors and Trades Educational Development Fund, and if necessary, to the owner or operator of a facility where I am considered for employment by a contractor. The prospective employer will utilize my background information for employment purposes only and shall not disclose the information to other parties. I am aware that the result of any background investigation performed by ChoicePoint is not the sole criteria used in making any employment decision. I understand that any falsification, omission, or misrepresentation of information appearing on my application for employment or my personal history statement shall be grounds for not being hired or for termination. I understand that if I falsify information on my forms I will not be eligible for another background check for 30 days. If I refuse to submit to this process, I understand that I shall not be considered for employment at certain operations _____ (initials)

I hereby release ChoicePoint, its officers, employees and agents, and all persons, companies, corporations, law enforcement agencies or individuals from liability and responsibility that my result from providing ChoicePoint and/or its designees the information described in this release except in case of willful negligence. _____ (initials)

I have read this Authorization for Release of Information and have voluntarily agreed to its terms to assist ChoicePoint in evaluating my qualifications for employment. _____ (initials)

I acknowledge that I have received a copy of Parkersburg-Marietta Contractors & Trades Educational and Development Fund's background policies and procedures regarding background security. _____ (initials)

I understand that one copy will be retained in file for **6years for bi-annual checks** and one copy will be forwarded to the Fund Office _____ (initials)

1 In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from your credit or criminal report and, in that event, you will receive a copy of the credit report and "A Summary of Your Rights Under the Fair Credit Reporting Act." _____ (initials)



Personal Information...Print capital letters in the boxes. Try not to touch the sides of the boxes.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

First Name

[Grid for First Name]

Middle Name

[Grid for Middle Name]

Last Name

[Grid for Last Name]

Previous Legal Name

[Grid for Previous Legal Name]

Year Changed

[Grid for Year Changed]

Street Address

[Grid for Street Address]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

Social Security Number

[Grid for Social Security Number]

Date of Birth (month-day-year)

[Grid for Date of Birth]

Driver's License Number

[Grid for Driver's License Number]

State

[Grid for State]

List Previous Addresses For The Past 7 Years, Most Recent First

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

City

[Grid for City]

State

[Grid for State]

ZIP

[Grid for ZIP]

Client Name (Requester)

[Grid for Client Name]

Account#

[Grid for Account# with numbers 8 6 9 2 7 6]

Location Code

[Grid for Location Code]

Telephone Number

[Grid for Telephone Number: 3 0 4 - 4 8 5 - 6 3 2 2]

Fax Number - Secure

[Grid for Fax Number: 3 0 4 - 4 8 5 - 6 3 4 8]

Standard Package

Drivers Package

Advance Package

SSTrace, Felony

Felony, SSTrace, MVR, NCRF

Felony, SSTrace, MVR, NCRF, Employment

Local Union (initials)

[Grid for Local Union (initials)]

Union Number

[Grid for Union Number]

Nationwide Sexual Offender

FAX FORMS WITH COVERSHEET TO: Letha at 304-485-6348