

**CITY OF EFFINGHAM  
BOARD OF FIRE & POLICE COMMISSIONERS**

**CONSUMER REPORT AUTHORIZATION/DISCLOSURE FORM**

In connection with my application for employment as a police officer for the City of Effingham, Illinois, I understand that the City will obtain consumer reports and/or investigative reports concerning my consumer credit, criminal background, driving history, prior employment verifications, educational experience/records, personal background/history, and other information about my past. Investigation of my prior credit history, educational, personal and work-related background will be obtained through personal interviews as well as through requests for information from various federal, state, and local governmental agencies, which will be provided with a copy of this authorization form signed by you.

By signing below, you are authorizing the City of Effingham and/or its designated representatives to retrieve all information described above and to use such information in its determining whether you will be considered to be eligible for employment as a police officer with the City of Effingham, Illinois.

By signing below, I do hereby forever discharge the City of Effingham, its agents and its representatives and employees to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or other charge of complaint filed with any agency arising from the retrieving and reporting of information according to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by the City of Effingham and to receive, orally, written or electronically, a copy of the report and a description of the rights of a consumer.

I hereby certify that all of the statements and answers set forth in the application form and/or my resumé are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will result in the termination of my employment.

**LIST ANY OTHER CITIES AND STATES WHERE YOU HAVE LIVED OR WORKED IN THE PREVIOUS SEVEN (7) YEARS.**

STATE	CITY	DATES

In the event that information from the reports described above is utilized in whole or in part in making an adverse decision with regard to your potential employment, 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 federal Fair Credit Reporting Act. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights in dealing with consumer reporting agencies.

By your signature below, you hereby authorize us to obtain the information and reports described above in order to consider you for employment. Your signature also acknowledges that the City of Effingham has made this disclosure and authorizes the City to complete such verification.

NOTE: The information below is provided voluntarily and is not considered part of your application for employment. It is used for identification purposes in verifying criminal background verifications as required by appropriate legislation and authorizes the City to do so. Furthermore, this document serves solely as a clear and conspicuous written disclosure to the applicant that a background check including consumer credit report may be obtained for the purpose of this employment application only.

Applicant's Name: \_\_\_\_\_  
Applicant's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

The undersigned certifies that he/she has read the entire contents of the foregoing, fully understands all statements contained herein, and is voluntarily executing this Authorization/Disclosure form with full knowledge of its meaning and significance.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Witness Signature

Date: \_\_\_\_\_