ATTENTION APPLICANT: Signing this form allows C5 Youth Foundation of Texas (C5 Texas) to conduct a back-ground investigation including checks of criminal & DMV records, child abuse registries, and other public records.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to those who are at least 40 years old. To conduct a background screen, C5 requires your social security number and birth date; however, age is not a basis for determining your suitability for employment.

PLEASE PRINT CLEARLY

LAST NAME:

FIRST NAME: MIDDLE:

MAIDEN OR OTHER NAME:

CONSENT TO PROCUREMENT OF CONSUMER REPORTS (Criminal, Civil, Motor Vehicle, et al)

I understand that, as a condition of my consideration for employment or as a condition of my continued employment with C5 Texas may obtain a consumer report from a consumer reporting agency in accordance with the Fair Credit Reporting Act, 15 U.S.C.1681 et seq. ("FCRA"), for evaluation of me for employment (paid or voluntary).

I further understand that these consumer reports may contain information that includes, but is not limited to, credit information reports, employment and education history verifications, social security verification, criminal and civil history, personal interviews, motor vehicle records, and any other public records and information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics, and trustworthiness.

I understand that under the provisions of the Fair Credit Reporting Act, C5 Texas must have my written permission to obtain such information. I hereby authorize and consent to C5 Texas' procurement of such a consumer report.

I understand that, pursuant to the federal Fair Credit Reporting Act, C5 Texas will provide me with a copy of any such report if the information contained in the report is, in any way, to be used in making a decision regarding my fitness for employment with C5 Texas. I further understand that any such report, along with the name and address of the reporting agency, will be made available to me prior to any decision being made.

Social Security Number: _____ **Date of Birth:** _____

Driver License Number: _____ **State Issued:** _____

Permanent Address

_____ _____ _____

No. Street City State Zip County Years

School Address (if applicable)

_____ _____ _____

No. Street City State Zip County Years

Email Address: _____

Previous Addresses (within last 7 years)

_____ _____ _____

No. Street City State Zip County Years

_____ _____ _____

No. Street City State Zip County Years

Signature of Applicant or Employee Printed Name Date