

FAIR CREDIT REPORTING ACT (FCRA) DISCLOSURE & AUTHORIZATION

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the Ohio Turnpike & Infrastructure Commission (OTIC) and its designated agents and representatives to conduct a comprehensive review of my background through a consumer credit report and/or a consumer report and/or an investigative consumer report and the information contained therein to be generated to be used in whole or in part for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. The report will include, but may not be limited to, the following types of information:

- Credit Information
- Criminal History and Conviction Records
- Past Employment Problems (including, without limitation, sexual harassment, workplace violence, theft, dishonesty, or worker’s compensation fraud)
- Employment Verification and History
- Education Verification and History
- Motor Vehicle Records
- Civil Records
- National Writs and Warrants
- References Verification
- Verification of Social Security Number
- Previous Personal Interviews
- Current and Previous Residences

I, _____, authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the Ohio Turnpike and Infrastructure Commission or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me.

I acknowledge that I have been provided a copy of “A Summary of Your Rights Under the Fair Credit Reporting Act.”

Signature of Applicant/Employee: _____ Date: _____

Date of Birth: _____

Signature of OTIC Representative: _____ Date: _____

This form must be returned with your application. Please keep a copy for your records along with the Summary of Your Rights Under the Fair Credit Reporting Act.