



Nationwide Testing Association, Inc.
P.O. Box 508 | 772 N. Broad St. Mooresville, N.C. 28115
P: 1.800.452.0030 F: 704.658.1303 www.NTATesting.com

DISCLOSURE FORM

(Both pages must be completed to obtain a report)

DISCLOSURE TO EMPLOYMENT APPLICANT & STAFF REGARDING INITIAL & ANNUAL PROCUREMENT OF INVESTIGATIVE & DRIVER'S LICENSE REPORTS: Please be advised that we may obtain an investigative report including information as to your character, general reputation, and personal characteristics. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 business days of the date on which we receive the request from you or within 5 business days of the time the report was first requested. If the individual being reported on is under the age of 18, a guardian's signature must accompany the individual's signature on this form. By signing below, you hereby authorize us to obtain a driver's license, criminal background check, education verification, credit report, past employment details, or any other information needed for employment. We, the employer, reserve the right to pull an updated report at our discretion for a period of five years or until employment is terminated.

Fair Credit Reporting Act

A Summary of Your Rights
Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you - such as if you pay your bills on time or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. section 1681-1681u. The FCRA gives you specific rights as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or state attorney general to learn those rights.

- You must be told if information in your file has been used against you.
You can find out what is in your file.
You can dispute inaccurate information with the CRA.
Inaccurate information must be corrected or deleted.
You can dispute inaccurate items with the source of the information.
Outdated information may not be reported.
Access to your file is limited.
Your consent is required for reports that are provided to employers or reports that contain medical information.
You may choose to exclude your name from CRA lists for unsolicited credit or insurance offers.
You may seek damages from violators.

For questions and concerns regarding CRA's, contact:
Federal Trade Commission - Consumer Response Center FCRA
Washington, DC 20580
202-326-3761

In compliance with consumer reporting and privacy legislation, I having signed below, authorize Nationwide Testing Association, Inc. and any of their agents on behalf of the company listed above to acquire information on my behalf:

Applicant Full Name Printed

Signature

Legal Guardian Full Name Printed

Signature



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Order Form

Please be advised that we may obtain an investigative report including information as to your character, general reputation, and personal characteristics. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 business days of the date on which we receive the request from you or within 5 business days of the time the report was first requested. If the individual being reported on is under the age of 18, a guardian’s signature must accompany the individual’s signature on this form. By signing below, you hereby authorize us to obtain a driver’s license, criminal background check, education verification, credit report, past employment details, or any other information needed for employment.

APPLICANT’S NAME:		
GENDER:	MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>	
APPLICANT’S ADDRESS:		
SOCIAL SECURITY NUMBER:		
DATE OF BIRTH:		
DRIVER’S LICENSE # & STATE:		
EMPLOYER’S NAME:		
CONTACT NAME:		
PHONE:		
FAX:		
E-MAIL:		
ORDER REPORTS - PLEASE SPECIFY AT LEAST ONE REPORT BELOW:		
DRIVER’S LICENSE REPORT:	<input type="checkbox"/>	
STATE CRIMINAL BACKGROUND:	<input type="checkbox"/>	STATE:
NATIONAL CRIMINAL BACKGROUND (SS TRACE):	<input type="checkbox"/>	
SS TRACE (INDIVIDUAL):	<input type="checkbox"/>	
FEDERAL CRIMINAL:	<input type="checkbox"/>	PRIOR YEARS OR STATES:
EDUCATION VERIFICATION:	<input type="checkbox"/>	
EMPLOYMENT VERIFICATION:	<input type="checkbox"/>	
CREDIT REPORT:	<input type="checkbox"/>	
VA NON-INSTANT:	<input type="checkbox"/>	
OTHER REPORTS NEEDED:		
NOTES:		

Applicant Full Name Printed	Signature	Date
Legal Guardian Full Name Printed	Signature	Date