



BACKGROUND CHECK INQUIRY RELEASE

In conjunction with my application for temporary residence at Ronald McDonald House Charities of _____ (RMHC), I understand that RMHC intends to hire SELECTION.COM® to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. RMHC also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and / or criminal record.

I understand that RMHC may rely on any or all of the above referenced information in determining whether to allow me to temporarily reside at RMHC. If RMHC contemplates making an adverse decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COM®, RMHC will provide me with a copy of the Report and a written summary of my Consumer Rights under the FCRA before RMHC finalizes that decision.

I have read the above disclosure, and I hereby authorize RMHC, SELECTION.COM® or its / their authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am permitted to reside temporarily at RMHC, this authorization shall remain on file and shall serve as an ongoing authorization for RMHC to obtain other Reports about me from SELECTION.COM® at any time during my stay at RMHC. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from any Report shall be brought only in a state or federal court in the State of Ohio and shall be governed by and construed in accordance with the laws of the State of Ohio.

Signature _____ Date _____

THE FOLLOWING INFORMATION IS REQUIRED TO CONDUCT THE BACKGROUND INVESTIGATION

PRINT NAME _____
Last Name First Name Middle Initial Social Security Number

PREVIOUS OR MAIDEN NAME (if applicable) _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____

List states and counties of residence, other than above, for the past seven (7) years:

COUNTY _____ STATE _____; COUNTY _____ STATE _____; COUNTY _____ STATE _____

FOR IDENTIFICATION PURPOSES ONLY: Date of birth _____

RMHC understands age to be a protected characteristic, and the information requested will not be used as the basis for any temporary residence decision.

Notice to Applicants Living in CA, OK or MN
By checking this box, I request to receive a free copy of any Report ordered on me.
E-Mail address: _____ **
** By entering my e-mail address, I authorize SELECTION.COM® to deliver my Report via e-mail

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by SELECTION.COM® during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow SELECTION.COM® to determine with reasonable certainty that you are the subject of the Report. SELECTION.COM® is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, provided that this additional person furnishes proper identification

***** IF FAXING REQUEST, THIS SECTION MUST BE COMPLETED BY RMHC FOR PROCESSING *****

Customer Number _____ Location or Store Number _____ Date Submitted _____
Contact Person _____ Phone Number _____ Position Applied For _____
Information Requested:
Combined Report: _____
Individual Reports: _____
Criminal Convictions County(s) and state(s) _____
Other: _____

This Form Provided By: SELECTION.COM®, 155 Tri-County Parkway, Suite 150, Cincinnati, OH 45246 Telephone: 800-325-3609 Fax: 888-767-2435
For background check entry, send to requests@selection.com.
For employment or education verification purposes, e-mail to releases@selection.com with applicant's full name in the subject line.



RONALD McDONALD
HOUSE CHARITIES

FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my application for temporary residence at Ronald McDonald House Charities of _____ (RMHC), I understand that RMHC intends to hire SELECTION.COM® to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called Reports) about me as defined in the federal Fair Credit Reporting Act (FCRA). These Reports may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that RMHC may rely on any or all of the above referenced information in determining whether to allow me to temporarily reside at RMHC. If RMHC contemplates making an adverse decision that will affect me based, in whole or in part, upon a Report obtained from SELECTION.COM®, RMHC will provide me with a copy of the Report and a written summary of my Consumer Rights under the FCRA before RMHC finalizes that decision.

I have read the above disclosure, and I hereby authorize RMHC, SELECTION.COM® or its / their authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am permitted to reside temporarily at RMHC, this authorization shall remain on file and shall serve as an ongoing authorization for RMHC to obtain other Reports about me from SELECTION.COM® at any time during my stay at RMHC. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from any Report shall be brought only in a state or federal court in the State of Ohio and shall be governed by and construed in accordance with the laws of the State of Ohio.

Print Name: _____ Date: _____

Signature: _____

Notice to Applicants living in CA, OK or MN:

By checking this box, I request to receive a free copy of any consumer report ordered on me.

E-Mail address: _____ **

** By entering my e-mail address, I authorize SELECTION.COM® to deliver my Report via e-mail.

Notice to California Residents:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by SELECTION.COM® during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow SELECTION.COM® to determine with reasonable certainty that you are the subject of the Report. SELECTION.COM® is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, provided that this additional person furnishes proper identification. SELECTION.COM®'s Privacy Policy can be viewed at www.Selection.com.

THIS FORM IS FOR PERMANENT RETENTION IN RESIDENCY APPLICATION FILE