

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

As part of our hiring background and investigation process, we may obtain, where permitted, one or more reports and other information about you, including your background, employment history, academic and/or professional credentials, military services, credit history, if any. An investigative consumer report may include information about your character, general reputation, personal characteristics and living arrangements. This also may include contacts of all listed prior employers to verify your employment history. In addition, if your employment falls under the federal Motor Carrier Safety Administration (FMCSA), including 49 CFR §391.23, the report could include your driving, safety inspection and performance history from the FMCSA.

I hereby authorize you to release the following information to Personal Accounting Services, Inc. or its subcontractor(s) for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations and the disclosure requirements under the Fair Credit Reporting Act for employment purposes. You are released from any and all liability that may result from furnishing such information.

1. In accordance with the provisions of Section 604 and 607 of the Fair Credit Reporting Act P.L. 91-508, I, Personal Accounting Services, Inc. or its subcontractor(s), hereby certifies that the information requested below will be used for “permissible purposes” a defined in the Act, and that the information received will be used for no other purpose.
2. I, Personal Accounting Services, Inc. or its subcontractor(s), further certify that if the applicant name below is denied employment based upon the information received, I, Personal Accounting Services, Inc. or its subcontractor(s), will identify the source of the report in accordance with Section 615(a) of the Fair Credit reporting Act.

I, _____, in regards to my employment as a Support Staff/Direct Hire Employee give permission to Personal Accounting Services, Inc. and its subcontractor(s) on behalf of my employer to verify information given on my application for employment and do hereby release and hold harmless my past and prospective employer, Personal Accounting Services, Inc. its subcontractor(s), Michigan State Police, United States government, Office of Inspector General (OIG), Internet Criminal History Access (ICHAT), System for Award Management (SAM), or Insurance Information Exchange (iiX) and its agents from liability or claims and authorize to release and disclose any and all information to my prospective employer, contracting Integrated Care Organizations, Manage Care Provider Network, Waiver Agencies my criminal history information.

Direct Care Worker Full Name: _____

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|-------|---|--------------------|-------|
| Race: | American Indian or Alaska Native | Asian | Other |
| | Black or African American | Hispanic or Latino | |
| | Native Hawaiian or Other Pacific Islander | White | |

Direct Care Worker Signature: _____ Date: _____