

ADVANCED BEHAVIORAL HEALTH, INC.
RSI
VOLUNTARY WRITTEN DISCLOSURE AND CONSENT TO
REQUEST CONSUMER REPORT INFORMATION
CONFIDENTIAL

This form will be kept in a confidential file separate from the application for employment.

APPLICANT NAME: _____

I understand that Advanced Behavioral Health, Inc. will utilize the services of a consumer reporting agency as part of the procedure for processing my application for employment. I also understand if my application for employment is granted, Advanced Behavioral Health, Inc. may obtain further information through subsequent investigations by a consumer reporting agency so as to update, renew or extend my employment.

I understand a consumer reporting agency's investigation may include obtaining information covering up to the last seven years, regarding my credit background, driving history, references, character, past employment, job performance, work habits, education, general reputation, personal characteristics, mode of living, civil judgments, and liens. I further understand that information will be requested from various Federal, State, and other agencies, which may include records concerning my past activities relating to my driving, criminal conduct, civil court and other experiences

I understand such information may be obtained by direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge.

I also understand that before I am denied employment based, in whole or part, on information obtained in the report, I will be provided a copy of the report and a description in writing of my rights under the Fair Credit Reporting Act.

I understand if I disagree with the accuracy of any information in the report, I must notify Advanced Behavioral Health, Inc. five business days of my receipt of the report. If I notify Advanced Behavioral Health, Inc. within five business days of the receipt of the report that I am challenging information in the report, Advanced Behavioral Health, Inc. will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

I further understand that, to aid in the proper identification of my file or records, I am providing the following information, as well as any other information that may be required at a later date.

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VOLUNTARY WRITTEN DISCLOSURE AND CONSENT TO REQUEST
CONSUMER REPORT INFORMATION, CONT.

RECORD OF CONVICTION:

Please read carefully the entire paragraph before answering the question.

Have you ever been convicted of a crime? ___ Yes ___ No

Note: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a. Criminal records subject to erasure pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a are records related to (a) determinations of "delinquency" or that, as a child, you were a member of a family with service needs, (b) a ruling you are a "youthful offender", (c) a criminal charge that has been dismissed or nolleed; (d) a finding you are not guilty for a criminal charge, or (e) a conviction for which you have received an "absolute pardon". Any person whose criminal records have been erased pursuant to Connecticut General Statutes Sections 46b-146, 54-76o or 54-142a shall be deemed to never have been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

If "YES", IN WHAT STATE? ___ Year ___.

Print Name: _____

List ALL other first & last names ever used: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ **(POSITIONS THAT REQUIRE DRIVING ONLY)**

Current Address: _____

City: _____ State _____ ZIP _____ How long at address? _____

Previous Address: _____

City: _____ State _____ ZIP _____ How long at address? _____

I hereby consent to this investigation, without reservation, and authorize Advanced Behavioral Health, Inc. to procure a report on my background as stated above from a consumer reporting agency.

Applicant's Signature: _____

For Employer Use Only:		
Requested by: _____	Phone: _____	Fax: _____
Criminal Report: CT _____	Other(s) _____	Driver History: _____
Phone: 860-678-0066	Fax: 860-678-0099	