



We are excited you are interviewing with VHDA! Please complete this document prior to your interview. Note that there are four sections to complete. Thank you!

FAIR CREDIT REPORTING ACT DISCLOSURES AND AUTHORIZATION

Please read this Notice carefully. This Notice describes important rights that you have under federal and state law and regulation.

In connection with your application for employment or, if you obtain employment, during the course thereof, Virginia Housing Development Authority may procure a consumer report on you as part of the process of considering your candidacy, promotion, reassignment or retention as an employee. The types of reports that may be requested include, but are not limited to, credit reports, criminal records checks, driving records and summaries or verification of educational or employment records and histories.

Please be advised that Virginia Housing Development Authority may also obtain an investigative consumer report including information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers, associates, friends, references supplied by you or others who may have knowledge of such information. If we obtain an investigative consumer report from a consumer reporting agency, as defined by federal law, we will mail or deliver to you a notice indicating that the report has been requested no later than three (3) days after the request is made to the agency. Please be advised that you have the right to request, in writing, within a reasonable time, that Virginia Housing Development Authority make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosures will be made to you within five (5) days of the date on which we receive the request from you or within five (5) days of the time the report was first requested, whichever is later.

In the event that information from a consumer report is used in whole or in part in making an adverse decision with regard to your employment or potential employment, Virginia Housing Development Authority, before making the adverse decision, will provide you with a copy of the consumer report and a written summary of your rights under the Fair Credit Reporting Act.

By your signature below, you certify that you have carefully read and understand this disclosure form and hereby authorize Virginia Housing Development Authority to obtain a consumer report and/or an investigative consumer report about you in connection with your application for employment and during the course of your employment, if any.

Applicant's Name: _____

Applicant's Address: _____

City/State/Zip: _____

Phone number: () _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number & State of Issuance: _____

Signature: _____ Date: _____

VERIFICATION AUTHORIZATION AND RELEASE

The undersigned applicant hereby authorizes VHDA to:

- Verify the undersigned's educational record and secure transcripts of that record, if so desired.
- Make inquiries of former employers as to the undersigned's qualifications and desirability as an employee.
- Secure background records and credit reports, if so desired.
- Verify Social Security Number provided.
- Secure a Motor Vehicle report, if so desired.

Print Full Name: _____

Applicant's Signature: _____

Date: _____

Position Applying for: _____

As part of the Verification Authorization and Release, please list addresses for the past seven years (include: street, city, state, & zip code) beginning with your current address.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

CRIMINAL HISTORY

Have you ever been convicted of a crime, other than traffic violations? Please note that a conviction will not be an absolute bar to employment.

Yes _____

No _____

If yes, describe in detail, including applicable dates.

DMV AUTHORIZATION FORM

I, _____, hereby authorize VHDA to secure a copy of
print full name

my driving record for the purpose of verifying my license status and driving history. I also authorize VHDA to provide the information below to current, future or prospective insurance companies in conjunction with VHDA's business auto insurance.

This authorization form is valid for candidates of positions, as well as, for employees and contractors for the duration of employment or other contractual relationship.

This authorization form releases the Department of Motor Vehicles of all liability in responding to such inquiries.

Updated driving records will be attained as required by VHDA.

Signature _____

Date _____

Driver's License Number _____

Date of Birth _____