Hughes Federal Credit Union
Yours for the asking™

PO Box 11900
Tucson, AZ 85734-1900
520-794-8341 voice
520-205-5825 fax
www.hughesfcu.org

RELEASE AUTHORIZATION

APPLICANT COMPLETE THE FOLLOWING

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references.

If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephone facsimile (FAX) or photographic copy or shall be valid as the original.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Hughes Federal Credit Union or its agent, to furnish information as described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name Last Name _____ First Name _____ Middle _____

Please print other names you have used _____

Home Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth ____/____/____

The following states require sex and race to obtain information:
Al, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: ☐ Male ☐ Female
race: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other

Drivers License Number _____ State of Issue _____

Name as it appears on license _____

Signature _____ Today's Date _____