BACKGROUND INVESTIGATION
DISCLOSURE AND AUTHORIZATION
For Use With BSA Employment Application

In making this application I understand that investigative reports, which may include information regarding my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, may be made. I authorize the Boy Scouts of America to procure or cause to be procured such reports. Such a report may be a "consumer report" or an "investigative consumer report" within the meaning of the Fair Credit Reporting Act ("FCRA"), in which event I am entitled, upon my request in writing, to receive a complete and accurate disclosure of the nature and scope of the investigation requested by the Boy Scouts of America and a summary of my rights under the FCRA.

I also understand that under the FCRA, before taking any adverse employment action based in whole or in part on a consumer report or investigative consumer report, the Boy Scouts of America must provide me with a copy of the report and a written description of my rights under the FCRA. In addition, if any adverse action is taken against me based in whole or in part on any information contained in a consumer report, the Boy Scouts of America must give me a notice. The notice may be given in writing, orally, or by electronic means and must include the following:

- The name, address, and telephone number of the consumer reporting agency (including a toll-free telephone number established by the agency, if it is a nationwide consumer reporting agency) that provided the report.
- A statement that the consumer reporting agency did not make the adverse decision and is not able to explain why the decision was made.
- A statement setting forth my right to obtain a free disclosure of my file from the consumer reporting agency if I request the report within 60 days.
- A statement setting forth my right to dispute directly with the consumer reporting agency the accuracy or completeness of any information provided by the consumer reporting agency.

_____ _____ _____
Date Signature Printed Name

FULL NAME_____

CURRENT ADDRESS_____

SOCIAL SECURITY NO. _____ **DATE OF BIRTH**_____

DRIVERS LICENSE NO._____ **STATE**_____

Please fill out this form and return with our employment application or fax to 305-664-2039