

EMPLOYMENT BACKGROUND INVESTIGATION AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history, criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions, state Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration, military records from the National Personnel Record Center, education records including transcripts, and requests for records and information from any individual, company, firm corporation, present and/or past employers and public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully understand that Camp Big Sky and /or a third party administrator or agent acting on behalf of Camp Big Sky, may be requesting information from public and private sources about any of the information noted earlier in this paragraph, and I freely give my consent for Illinois Mutual and any third party administrator they select, to do so.

II. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the employment for which I am applying is denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies.

IV. I hereby authorize, without reservation, any one contacted by Camp Big Sky and /or their appointed third party administrator acting on the behalf of Camp Big Sky, to furnish the information described in Section 1.

V. I hereby authorize, without reservation, Camp Big Sky and /or their appointed third party administrator acting on the behalf of Camp Big Sky, to contact my present employer for employment verification/references.

APPLICANT: COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name (first, middle and last)

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Please print other names you have used

Social Security Number

Your Social Security Number will only be used in order to confirm your identity for purposes of completing an accurate background investigation.

Date of Birth - The Age Discrimination in Employment Act of 1967 and the Illinois Human Rights Act prohibit discrimination on the basis of age with respect to individuals who are at least 40 years of age. Your date of birth is required on this form in order to confirm your identity for purposes of completing an accurate background investigation, and is not provided to the hiring official for any purpose in connection with consideration of your application for employment.

Home Address

City

State

Zip

Driver's License Number and State

Name as it appears on License

Have you ever been convicted of, pled guilty, or "no contest" to a crime? No Yes If yes, please explain:

(Camp Big Sky will consider the nature of the offense, relation to the position for which you are applying, time since conviction, and all other relevant facts and circumstances in determining whether or not to disqualify you from consideration.)

FAIR CREDIT REPORTING ACT, DRIVER'S PRIVACY PROTECTION ACT, and ANY APPLICABLE STATE STATUE (S) NOTICE:
In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Driver's Protection Act, and any applicable state statue(s).