

**The Children's Museum of Indianapolis**

**Fair Credit Reporting Act  
Disclosure and Authorization**

I, the undersigned, understand that The Children's Museum of Indianapolis, Inc. and/or its agents, including but not limited to Reference Services, Inc., may conduct a background investigation and obtain a consumer report and/or an investigative consumer report for purposes of evaluating my employment or in determining whether to offer me a position as an employee, contractor or volunteer. In the future, the Museum may obtain a consumer report or an investigative consumer report for the purpose of determining my eligibility for rehire, continued employment, reassignment, or promotion.

I understand that this may include inquiries into my character, reputation, habits and mode of living; my employment and educational history and license status; my criminal and civil court records; my credit history; motor vehicle and driving records or experience; and other records. If hired, this authorization shall remain on file and shall serve as an on-going authorization for the Museum to procure consumer reports and/or investigative consumer reports at any time during the duration of my time at the Museum. If an investigative report is being requested, I understand I have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act.

My signature below authorizes the Museum to obtain a consumer report and/or an investigative consumer report.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company name (if contractor)

Maiden Name (if applicable): \_\_\_\_\_

OK for Museum to contact current and previous employers? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License Number (including State): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

My current address is: \_\_\_\_\_

I have lived at my current address since: \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

My previous addresses (for last 7 years) are:

\_\_\_\_\_  
Address City, State, Zip How long

\_\_\_\_\_  
Address City, State, Zip How long

Position Applying for: \_\_\_\_\_ TCM Contact: \_\_\_\_\_