

**FAIR CREDIT REPORTING ACT DISCLOSURE**

TO: \_\_\_\_\_

PURSUANT TO THE FAIR CREDIT REPORTING ACT (“THE ACT”) YOU ARE ADVISED THAT A *CONSUMER REPORT* CONCERNING YOU MAY BE OBTAINED BY WESCORP FOR EMPLOYMENT PURPOSES, UPON YOUR INITIAL APPLICATION FOR EMPLOYMENT AND THEREAFTER PERIODICALLY DURING YOUR EMPLOYMENT.

The term “*Consumer Report*” under the Act means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part of the purpose of serving as a factor in establishing the consumer’s eligibility for

- 1) credit or insurance to be used primarily for personal, family, or household purposes, or
- 2) *employment purposes\**, or
- 3) other purposes authorized under other provisions of the Act.

By your signature below you acknowledge receipt of this Disclosure and authorize procurement by WesCorp of Consumer Reports concerning you.

Applicant/Employee Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

\*Employment purposes include hiring, promoting, transferring, discharging, or otherwise changing the status of an employee or a potential employee.



**BACKGROUND REVIEW AUTHORIZATION**

It is the policy of WesCorp to conduct a background review of all qualified applicants to whom an offer of employment is made, and to conduct periodic reviews for employees in sensitive positions, as determined by the President/CEO.

I understand that if an offer of employment is extended to me by WesCorp, I may be subject to the review of education, criminal convictions, employment verifications, credit history, and bondability checks as outlined below.

I understand I may start working before the results of the review are complete and I understand that continued employment with WesCorp depends on the outcome of the review. I further understand, however, that even if the outcome of the review is satisfactory to WesCorp, I am an employee at will and my employment may be terminated as otherwise set out in WesCorp's policies.

I understand if, based on the results of the review, WesCorp concludes that my continued employment would pose a risk to its assets or operations, or would violate any law or regulation to which WesCorp is subject, I may be dismissed immediately from my employment.

Records which may be examined in the review would include, but not necessarily be limited to:

1. Court records (municipal, county, state, and federal) containing information of Criminal Convictions,
2. Employment,
3. Education,
4. Personal References,
5. Credit History, and
6. Bondability records for all candidates.

The review of the above information will be conducted on behalf of WesCorp by an outside investigative service. All information obtained in the review will be kept as confidential as possible and communicated only to designated representatives of WesCorp, to the NCUA, if the information is requested in the course of any examination, and to the employee who is the subject of the review (if so requested).

PLEASE NOTE: Should a consumer credit be processed, you are entitled to receive a copy. Please indicate if you want a copy.

YES \_\_\_\_\_ NO \_\_\_\_\_  
(Initials) (Initials)

I have read this document, I understand it, and I give WesCorp permission to conduct a review under the terms and conditions described herein.

Applicant/Employee Name: \_\_\_\_\_  
*(please print)*

Applicant/Employee Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**WESTERN CORPORATE FEDERAL CREDIT UNION**

**AUTHORIZATION OF RELEASE OF INFORMATION**

The undersigned understands that he/she has received an offer of employment, promotion or transfer by WesCorp for the position of \_\_\_\_\_, and that commencement of, and/or ongoing employment in, that position is contingent upon a satisfactory background review to be conducted on behalf of WesCorp by an outside investigative service of its choice.

The undersigned hereby authorizes WesCorp's investigative service representative to investigate the information provided by the undersigned to WesCorp as part of an application for employment or continued employment with WesCorp. The undersigned further authorizes the investigative service to investigate certain other information not included in the employment application, including court records containing information of criminal convictions, and other relevant public records related to employment by WesCorp, and hereby provides any releases necessary to allow the investigative service to obtain the relevant information, including obtaining copies of documents or records containing the information.

All information obtained by the investigative service will be kept as confidential as possible, and will be communicated only to designated representatives of WesCorp, to the NCUA if the information is requested in the course of any examination, and to the employee who is the subject of the review (if so requested).

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Applicant/Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(please print)*

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**RESIDENCE HISTORY**

List below present and all previous addresses and length of residency in the last 7 years. If necessary, use an additional piece of paper, and attach.

**PRESENT ADDRESS:**

\_\_\_\_\_  
Street Address City State Zip Code  
From \_\_\_\_\_ To: \_\_\_\_\_ County \_\_\_\_\_

**PREVIOUS ADDRESS:**

\_\_\_\_\_  
Street Address City State Zip Code  
From \_\_\_\_\_ To: \_\_\_\_\_ County \_\_\_\_\_

**PREVIOUS ADDRESS:**

\_\_\_\_\_  
Street Address City State Zip Code  
From \_\_\_\_\_ To: \_\_\_\_\_ County \_\_\_\_\_

Is there any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work references of educational records? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

## EMPLOYMENT HISTORY

List below, all past employment and unemployment in the last 7 years, beginning with the present or most recent. Please complete all items and be specific. If necessary, use an additional piece of paper, and attach.

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*City State Zip Code County*

**DATES EMPLOYED:** From \_\_\_\_\_ To: \_\_\_\_\_

**YOUR TITLE:** \_\_\_\_\_ **NAME OF SUPERVISOR:** \_\_\_\_\_

**YOUR DUTIES:** \_\_\_\_\_  
\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

---

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*City State Zip Code County*

**DATES EMPLOYED:** From \_\_\_\_\_ To: \_\_\_\_\_

**YOUR TITLE:** \_\_\_\_\_ **NAME OF SUPERVISOR:** \_\_\_\_\_

**YOUR DUTIES:** \_\_\_\_\_  
\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

---

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
*City State Zip Code County*

**DATES EMPLOYED:** From \_\_\_\_\_ To: \_\_\_\_\_

**YOUR TITLE:** \_\_\_\_\_ **NAME OF SUPERVISOR:** \_\_\_\_\_

**YOUR DUTIES:** \_\_\_\_\_  
\_\_\_\_\_

**REASON FOR LEAVING:** \_\_\_\_\_

## DISCLOSURE AND AUTHORIZATION

I understand that a consumer credit report and/or a consumer report and/or an investigative consumer report, which may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living will be requested and may be used in whole or in part for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. Such report(s) may include interviews of others concerning such matters as my education, degrees attained or units completed, prior employment, capabilities and qualifications, or concerning employment problems, should any arise, such as sexual harassment, workplace violence, theft and workers' compensation fraud.

The investigative consumer reporting agency preparing the report(s) is SmartHIRE, 2250 Lindsay Way, Glendora, CA 91740, telephone (800) 599-9202. Their files are available for review in person, by certified mail or telephonically with proper identification.

I understand that if the report(s) concern(s) my character, general reputation, personal characteristics or mode of living, and are obtained through personal interviews, I may request further information from the company regarding the nature and/or scope of the investigation.

By my signature below, I hereby authorize a consumer credit report and/or a consumer report and/or an investigative consumer report to be obtained. I also acknowledge receipt of "A Summary of Your Rights Under the Fair Credit Reporting Act." A copy of this document is the same as the original.

Applicant / Employee Name: \_\_\_\_\_  
(Please print)

Applicant / Employee Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date: \_\_\_\_\_ Applicant / Employee Signature: \_\_\_\_\_

Should a consumer credit report be processed, you are entitled to receive a copy. Please indicate below:

Yes \_\_\_\_\_  
Initials

No \_\_\_\_\_  
Initials