



APPLICANT RELEASE & AUTHORIZATION

***All fields must be completed, if the answer is none, please indicate none:

_____ Last Name	_____ First Name	_____ Middle Name
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
_____ Current Address		_____ Dates Lived Here
_____ City	_____ State	_____ Zip
_____ Social Security Number	_____ Driver's License #	_____ State Issued

Email address (may be used for official correspondence)

In connection with my employment, potential employment or other lawful purpose, I understand that information provided may be investigated to verify its accuracy. I hereby authorize verification of all information in my application and as described above, from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with the Federal Americans with Disabilities Act (ADA), labor and wage records, etc. or any part thereof. I authorize any duly authorized agent of WhatsTheirBackground, Inc. ("WTB, Inc.") and/or 3rd Degree Screening, Inc (3DS) to obtain, said records, whether the records are public or private, and including those which may be deemed to be privileged or confidential in nature, and I release all persons from liability as a result of such disclosure(s). Information appearing on this release and authorization shall be used exclusively by WTB, Inc. and 3DS or their customer for identification purposes and for consideration in determining suitability for employment or other lawful purpose. I certify that I have made true, correct, and complete answers and statements on my application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my employment or qualification. I agree to provide additional information that may be requested to process my application and to verify information provided by me. I authorize without reservation, any party or agency contacted by WTB, Inc. or 3DS to furnish the above-mentioned information. This release and authorization is valid during the course of my employment or other lawful purpose to the extent permitted by law.

Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, this document is considered my written permission to obtain information. I understand that I have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. I also understand that I am also entitled to a copy of my Rights under the Fair Credit Reporting Act upon written request.

I understand and agree that any omission, false statement, misleading statement or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

_____ Applicant Printed Name	_____ Applicant Signature	_____ Date
_____ Parent/Guardian Printed Name	_____ Parent/Guardian Signature (if applicant is under age 18)	_____ Date



Iowa Department of Human Services

Authorization for Release of Child and Dependent Adult Abuse Information

This form must be used to authorize release of child or dependent adult abuse information when the person requesting the information does not have independent access to it under Iowa law. Complete a separate form for each person for whom information is requested and email to dhsabuseregistry@dhs.state.ia.us, or fax to (515) 564-4112, or mail to the Iowa Department of Human Services, Central Abuse Registry, P.O. Box 4826, Des Moines, IA 50305.

Please specify which abuse registry you are requesting by checking the appropriate box below:

- Child Abuse Registry Dependent Adult Abuse Registry Both

Please specify your preferred **method of response** by checking a box and completing the information in Section 1.

- Address Fax Email

Section 1: To be completed by the person or agency requesting the information.

Requester: Last Waters		First Jimmy		Agency Name 3rd Degree Screening, INC		Telephone Number (712)256-1701	
Address 100 East Broadway, Suite 201						Fax Number (866)551-4908	
City Council Bluffs			State IA	Zip Code 51503		Email Researchers@3rd	
List the name and address of the person whose information is being requested:						DegreeScreening.com	
Name (last, first, middle)				Birth Date		Social Security Number	
Address			City	County		State	Zip Code
List maiden name, previous married names, and any alias:							
What is the purpose of your request for child or dependent adult abuse information? Potential Employment and/or Volunteer							
I have read and understand the legal provisions for handling child and dependent adult abuse information which is printed on the second page of this form.							
Signature of Requestor <i>Jimmy Waters</i>						Date	

Section 2: To be completed by the person authorizing the Department of Human Services to release their child or dependent adult abuse information.

I understand that my signature authorizes the requester to receive information to verify whether I am named on the Child Abuse or Dependent Adult Abuse Registry as having abused a child (Iowa Code section 235A.15) or dependent adult (Iowa Code section 235B.6). To the best of my knowledge, the information contained in Section 1 of this form is correct.

Signature of Person Authorizing	Date
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Section 3: To be completed by the Central Abuse Registry or designee.

The person whose information is being requested is listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is not listed on the Child Abuse Registry as having abused a child.

The person whose information is being requested is listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

The person whose information is being requested is not listed on the Dependent Adult Abuse Registry as having abused a dependent adult.

This request for information is denied because the form is incomplete.

Signature of Registry Staff or Designee	Date
Comments	