

MIT Federal Credit Union Board of Directors Application



BACKGROUND INVESTIGATION AUTHORIZATION/DISCLOSURE

DISCLAIMER: MIT Federal Credit Union is not responsible for typos, errors or miscommunication related to the Election Process.



I authorize First Advantage, a Consumer Reporting Agency, or any of its agents to procure an investigative consumer report for volunteer service purposes, which may include information about my character, background, general reputation, personal characteristics, or mode of living. I understand that I have the right to request, in writing, information pertaining to the nature and scope of the investigation and a written summary of my rights under the Fair Credit Reporting Act. I understand that before adverse action, including the denial of my service, can be taken against me in whole or in part due to a consumer report, I will be provided with a copy of the report and a written summary of my rights under the Fair Credit Reporting Act. I also understand I may have additional rights under applicable state law.

I authorize all government agencies, state department of motor vehicles, corporations, companies, educational institutions, persons, law enforcement agencies, workers' compensation agencies, criminal, civil and federal courts, and former employers to release information they may have about me and release them from any liability and responsibility from doing so. Any copy of this authorization shall have the same authority as the original.

SIGNATURE

DATE

OTHER INFORMATION:

PREVIOUS ADDRESS INFORMATION:

NAME (First, Middle Initial, Last)

FIRST PRIOR ADDRESS (Number & Street)

MAIDEN NAME (or other names used, and dates used*)

FIRST PRIOR ADDRESS (City, State, Zip Code)

SOCIAL SECURITY NUMBER

FROM TO

CURRENT ADDRESS (Number & Street)

SECOND PRIOR ADDRESS (Number & Street)

CURRENT ADDRESS (City, State, Zip Code)

SECOND PRIOR ADDRESS (City, State, Zip Code)

DRIVER'S LICENSE NUMBER & STATE

FROM TO

THIRD PRIOR ADDRESS (Number & Street)

THIRD PRIOR ADDRESS (City, State, Zip Code)

FROM TO

*This information will be used for purposes of identification only.

Federal law prohibits discrimination in employment on the basis of age, race, creed, religion, sex, or national origin. Many states also prohibit some or all of the above types of discrimination and discrimination based in marital status.

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AUTHORIZATION FORM

I hereby authorize **MIT Federal Credit Union**, its subsidiaries, affiliates, employees, and agents to make inquiry of and request information from any individuals, present and former employers, schools and colleges, credit bureaus, criminal investigation bureaus, and any other entities that may possess information concerning me or that may be custodians of records relating to me, including Worker's Compensation. I also authorize the above-described sources to release all information requested, including salary data and subjective evaluations, and I hereby release those sources from any liability for doing so.

I give this authorization in connection with an application relating to volunteer service.

SIGNATURE OF APPLICANT

DATE SIGNED

NAME (Please print)

CURRENT ADDRESS

_____ FROM _____ TO _____

TELEPHONE NUMBER

PREVIOUS ADDRESS

_____ FROM _____ TO _____

DATE OF BIRTH

SOCIAL SECURITY NUMBER