

**CHICAGO BOTANIC GARDEN  
NOTIFICATION OF AND AUTHORIZATION TO OBTAIN  
CONSUMER REPORT**

In connection with my application for employment with you, I understand that a consumer credit report, including an investigative consumer report may be requested that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information concerning my worker's compensation claims, motor vehicle operation history, academic records, and criminal history from various state, private and insurance sources along with other public records available. (Worker's Compensation information will only be requested in compliance with the ADA).

I hereby authorize, without reservation, any law enforcement or government agency, administrator, educational institutions, information service bureau, employer or insurance company, to furnish the above-mentioned information. I release all such persons and sources from any liability or damages on account of having furnished such information.

I further authorize that a telephonic facsimile (FAX) or photocopy of this authorization shall be as valid as the original. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and given the name of the agency or source of information.

My signature below indicates my authorization for your company to obtain a consumer credit report and/or investigative consumer report about me from a consumer-reporting agency.

I understand that I may request a copy of any report that is prepared regarding me. I should direct my request to: Gerald Gold & Associates, 1701 E. Woodfield Road, Suite 704, Schaumburg, Illinois 60173.

**I acknowledge that I have received a copy of the above notice and that I authorize a copy of my credit report to be released to your company and/or its agents or an investigative consumer report to be requested by your company.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

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

My present employer may be contacted: \_\_\_\_ Yes \_\_\_\_ No

NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. PLEASE PRINT CLEARLY.

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_  
DRIVERS LICENCE NUMBER STATE OF LICENSE EXPIRES ON BIRTH DATE

\_\_\_\_\_  
List any other LAST NAMES you have used during the previous 7 years, or under which you received our GED, high school diploma or other degrees.

**For Maine and New York Applicants Only**

Upon request, you will be informed whether or not a consumer report was requested, and if such a report was requested, the name and address of the consumer reporting agency furnishing the report.

**Maine residents will be provided a copy of your rights under the Maine Fair Credit Reporting Act.**

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**For Washington Applicants Only**

The consumer reporting agency, which furnished the report, is Gerald Gold & Associates Ltd., 1701 E. Woodfield Rd. S-704, Schaumburg, Illinois 60173 (1-800-831-2547)

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**Minnesota and Okalahoma Residents please note:**

In connection with your application for employment, your consumer report may be obtained and reviewed. Under Minnesota and Okalahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

- YES, I am a Minnesota resident and would like a free copy of my consumer report.
  - YES, I am an Oklahoma resident and would like a free copy of my consumer report.
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**CURRENT CALIFORNIA RESIDENTS:**

**Additional rules and rights apply. Please contact Human Resource Department if you are a current California resident.**

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Printed Name \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**CHICAGO BOTANIC GARDEN  
BACKGROUND INVESTIGATION INFORMATION**

**DATE:** \_\_\_\_\_

**FROM (PERSON):** Ellen Slattery

**Phone:** (847) 835-8287      **Fax:** (847) 835-4263

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**NAME:**

**First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**Have you ever been known by any other name(s)?**

**If so, please indicate:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

\* This information will only be used as necessary to retrieve consumer information and/or verify the identity of a consumer, and will not be used for any other purpose.

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**INCLUDE ALL PAST ADDRESSES TO COVER 7 YEARS**

**PRESENT ADDRESS:**

Street	City	State	Zip	How Long
_____	_____	_____	_____	_____

**PAST ADDRESS:**

Street	City	State	Zip	How Long
_____	_____	_____	_____	_____

**PAST ADDRESS:**

Street	City	State	Zip	How Long
_____	_____	_____	_____	_____

**PAST ADDRESS:**

Street	City	State	Zip	How Long
_____	_____	_____	_____	_____

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**I authorize Gold & Associates to investigate my criminal records.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_