

# NOTIFICATION AND RELEASE

Account Manager: Mario Rodriguez

## Mountain Area Residential Facilities, Inc.

CAC: OU93

The information contained in my application for employment or volunteer work with Mountain Area Residential Facilities, Inc. (hereinafter, "The Organization") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Organization shall result in The Organization not employing me or, if employed, terminating my employment, or may cause me to be rejected as a volunteer. I understand and agree that all information furnished in my application and all attachments may be verified by The Organization or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Organization all information relative to such verification and hereby release such individuals, organizations, and The Organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Organization that The Organization may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Organization in making certain employment and volunteer selection decisions. I further acknowledge notification by The Organization that reports may be provided to The Organization by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Organization, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Organization, its parent, affiliates or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Organization agrees to inform candidates if an employment or volunteer decision has been influenced by information contained in a consumer report requested by Mountain Area Residential Facilities, Inc. and performed by Castle Branch, Inc. A free copy of the report may be obtained within sixty days by calling Castle Branch Inc. collect @ 1-910-815-3880 or toll free @ 1-888-723-4263. The Organization will make available to you "A Summary of Your Rights Under The Fair Credit Reporting Act."

### PLEASE PRINT OR TYPE

List all names you have used in the past 7 years including married, maiden, and aliases.

Name (First, Middle, Last) \_\_\_\_\_ Date of Birth (mo/day/yr) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Maiden Name or "AKA" \_\_\_\_\_ Dates Used (yr) from \_\_\_\_\_ to \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

**Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS PLEASE INCLUDE YOUR CURRENT COUNTY OF EMPLOYMENT. (Use extra page if necessary).**

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

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

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

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

Street \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

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

Applicant Signature (REQUIRED) \_\_\_\_\_ Date / /

**FOR EMPLOYER USE ONLY: Please place a check next to the searches to be conducted.**  
Primary Contact: Dawn Cagle Phone: 828-299-3636 Email: [admin@mountainarearesidentialfacilities.org](mailto:admin@mountainarearesidentialfacilities.org)

**Statewide Criminal**

- NC

To Place Order Via Fax, Fax Form to: 910-815-3881