



**CUMBERLAND HOUSING
GROUP**

AUTHORIZATION TO CONDUCT EMPLOYMENT SCREENING AND RELEASE INFORMATION

The Cumberland Housing Group and its agencies performs a thorough screening process on all potential employees. This screening process is conducted by both our staff, a professional screening company and Western Maryland Health System in accordance with the Fair Credit Reporting Act, the Fair Housing Act and all HIPPA compliance standards. The screening process utilizes records and reports gathered from banks and financial Institutions, credit bureaus, law enforcement agencies, state and federal courts, government agencies, past/present landlords, Registered Sex Offender Registries, subsidized housing agencies, educational facilities, past and present employers, personal references or other entities to confirm the accuracy of representations made on application documents or to determine any undisclosed information.

I understand and acknowledge that my failure to fully and truthfully answer questions on application related documents, disclose any requested information, or falsifying answers, may constitute grounds for denial or rejection of my application or continued employment. I further understand and acknowledge that making false statements in either an attempt to or actually obtain employment is a FELONY under federal law, which may result in CRIMINAL PROSECUTION.

Through my signature below, I hereby consent to and authorize the Cumberland Housing Group and its agencies to perform the screening process and to obtain the information needed for the purpose of verifying my eligibility for employment in assisted housing programs. I hereby release the Cumberland Housing Group from any claim or liability arising from such reports and representations, or its use in the employment selection process. I agree that photocopies of this authorization may be used for the purposes stated.

Printed Name

Signature

Date

YOUR SIGNATURE IS REQUIRED TO COMPLETE YOUR CONSENT FORM

Please be sure to complete Page 2 of this authorization



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Please Print Legibly

Full Legal Name: _____
First Middle Last Suffix

Maiden Name or Alias (s) if Applicable: _____

Current Address: _____
House or P.O. Box Number Street Name

City State Zip Code

Previous Address: _____
House or P.O. Box Number Street Name

City State Zip Code

Sex: Male Female

Marital Status: Single Married Separated Divorced

Race: Caucasian/White African American/ Black Hispanic/Latino
 American Indian/Alaska Native Middle Eastern Asian
 Native Hawaiian/Other Pac. Islander Two or more races Other

Complete Social Security Number: _____

Date of Birth (mm/dd/yyyy): _____

Place of Birth (city/state): _____

Driver's License # _____ State: _____

Date Issued: _____ Expiration Date: _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)