



# THE INTEGRITY CENTER™

*“objective risk management information”*

**A Unit of Integrity Centers Corporation**

Suite 660 #262 • 11700 Preston Road • Dallas, Texas 75230

(972) 484-6140 ☎ FAX (972) 484-6381

<http://www.integctr.com/> ☎ [info@integctr.com](mailto:info@integctr.com)

## INSTRUCTIONS for “Check Nanny / Domestic”

These instructions are for our “Check Nanny / Domestic” program which helps you to perform a background check on a person who will be an employee of yours.

The steps are simple:

1. These Instructions are Page One – call (972) 484-6140 if you have any questions.
2. Complete the FCRA Compliance Agreement on Page Two.
3. Give the following two items to your Candidate:
  - Disclosure Form on Page Three (or Page Four if you are in California).
  - “Your Rights Under the FCRA” on Pages Five and Six.
4. Complete the Authorization and Release of Liability Form on Page Seven.
5. Complete the Request for Background Information Form on Page Eight.
6. Complete the Services Requested Form on Page Nine.
7. FAX a copy of the FCRA Compliance Agreement, the Authorization and Release of Liability Form, the Background Information Form, and the Services Requested Form, to us so that we can get started.
8. MAIL the originals of the forms that you FAX to us along with your check or Money Order in the amount of the total on the Services Requested Form. We will likely receive your payment in a few days at about the time that the reports have been retrieved from the courts, DMVs, credit bureaus, etc.
9. We will phone you with the results as soon as we have received them. When we have received all the results we will prepare a written report and mail or FAX it to you.
10. If you decide to turn a Candidate down based in whole or in part on reports that we furnish to you, you must give the Candidate an Adverse Action Letter (Page Nine) and attach a copy of the reports



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## YOU MUST SIGN AND RETURN THIS AGREEMENT PRIOR TO COMMENCING SERVICE

### Compliance Agreement

The Authorized User (User) agrees to fully comply with all of the requirements of applicable Federal and State laws, together with the requirements of The Integrity Center, Inc. (TICI). **USER AGREES:**

1. to comply with all legal obligations of Users of Consumer Reports as defined under the Fair Credit Reporting Act (FCRA), and the requirements of all of the applicable Federal and State laws. User indemnifies and holds harmless TICI from any claims and liabilities that may arise from the improper acts or conduct of User employees in connection with Consumer Reports provided by TICI.
2. to use any information including the Consumer Reports received from, and other services of, TICI, in strict compliance with all provisions of the FCRA and all other applicable Federal and State laws and regulations including, but not limited to, Federal and State equal opportunity, health benefits, and financial privacy laws and regulations.
3. to use the Consumer Reports provided by TICI for "employment purposes" only, and to disclose the information only in accordance with applicable laws, and not to resell such reports.
4. to make a clear and conspicuous "Disclosure to Consumer", in a separate document, that a Consumer Report may be obtained for employment purposes, and provide to the Consumer a copy of this Disclosure Statement and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act".
5. to obtain from each Consumer a fully executed written Authorization and Release of Liability form exactly as provided by TICI prior to requesting any Consumer Reports from TICI, and in cases where User fails to do so, User indemnifies and holds harmless TICI from any and all claims and liabilities that arise in any related matters.
6. to provide to the Consumer a copy of the Consumer Reports and a copy of "A Summary of Your Rights Under The Fair Credit Reporting Act" along with an FCRA compliant "Adverse Action" letter if an adverse action decision regarding employment is contemplated based in part on any Consumer Reports furnished by TICI; or, if governing State law provides that the Consumer can elect on their Disclosure form to receive a copy of any Consumer Reports obtained and the Consumer has so elected.
7. to be responsible for verifying the identity of the Consumer prior to requesting a Consumer Report(s).

Certain provisions of this Compliance Agreement are not applicable for a consumer if the relevant consumer reports are the subject of a National Security Investigation as provided for in the Fair Credit Reporting Act, Sec. 613(b), [15USC, 1681k].

I certify that I have read this Compliance Agreement and I agree as the Authorized User of such Consumer Reports and other TICI services to comply with its terms and conditions.

\_\_\_\_\_  
Authorized User (User) Signature Title Date

\_\_\_\_\_  
Print or Type Authorized User (User) Name Verifiable Phone Number ( ) Verified

\_\_\_\_\_  
Print or Type Verifiable Company Name ( ) Verified

\_\_\_\_\_  
Print or Type Verifiable Company Physical Address Rev. 12/30/02 ( ) Verified

**You must obtain a signed copy of this statement and a signed copy of the release document prior to ordering any reports from The Integrity Center.**

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF  
A CONSUMER REPORT**

In accordance with the Fair Credit Reporting Act, as amended, September 30, 1996, Section 604, this disclosure statement is provided. In connection with your application for employment with YOUR COMPANY, we may procure a consumer report on you as part of considering you for employment. In the event that information from the consumer report is used in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. A copy of a summary of these consumer rights will be given to you along with a copy of this document.

By signing this document below, you grant YOUR COMPANY the authorization to obtain a consumer report(s) about you in order to consider you for employment.

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

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

NOTE: Give a copy of this disclosure statement along with a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" to the applicant.

**Sample Disclosure Statement for Companies  
WHERE CALIFORNIA LAW GOVERNS OPERATIONS  
You must obtain a signed copy of this Statement and  
a signed copy of the Authorization and Release of Liability document  
prior to ordering any reports from The Integrity Center, Inc.**

**DISCLOSURE TO EMPLOYMENT APPLICANT  
REGARDING PROCUREMENT OF  
A CONSUMER REPORT**

This disclosure statement is provided in accordance with the Fair Credit Reporting Act, as amended, and the California Civil Code, Sec. 1786.16; 15 U.S.C. 1681(b).

In connection with your application for employment with OUR COMPANY, we may procure a consumer report on you as part of considering you for employment. Be aware that a background investigation may be commenced and an investigative report regarding you may be sought as part thereof. The investigative consumer report may include information on your character, general reputation, personal characteristics, and/or mode of living. The purpose of seeking an investigative consumer report regarding you is to evaluate your suitability for employment with OUR COMPANY.

OUR COMPANY has specifically requested information regarding one or more of the following: Social Security Number Verification, Personal Credit History, Driver's License History, Criminal Conviction History, Civil Litigation History, Employment History, Education History, Drug Test Analysis, and/or Professional License History.

The investigative consumer reporting agency providing the report will be The Integrity Center, Inc., 2828 Forest Lane, # 1008, Dallas, Texas 75234 whose phone number is (800) 456-1811.

In the event that information from the consumer report is used in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. A copy of a summary of these consumer rights will be given to you along with a copy of this document.

Because OUR COMPANY may be procuring an investigative consumer report regarding you, please elect one of the following statements:

I wish to receive a copy of any report that is prepared. I understand that a copy of the report will be provided within three (3) business days of receipt of the report by OUR COMPANY.

I do not wish to receive a copy of any report that is prepared, or any public records that may be obtained. Please complete, sign, and date this document below, thereby indicating that the above disclosure has been made to you by OUR COMPANY. An executed copy of this document will be given to you.

**Applicant's Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies. This limitation no longer applies to criminal background checks or information related to criminal convictions.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

| FOR QUESTIONS OR CONCERNS REGARDING   | PLEASE CONTACT  |
|---|---|
| CRAs, creditors and others not listed below   | Federal Trade Commission<br>Consumer Response Center- FCRA<br>Washington, DC 20580 * 202-326-3761                         |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)        | Office of the Comptroller of the Currency<br>Compliance Management, Mail Stop 6-6<br>Washington, DC 20219 * 800-613-6743  |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)                           | Federal Reserve Board<br>Division of Consumer & Community Affairs<br>Washington, DC 20551 * 202-452-3693                  |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Programs<br>Washington D.C. 20552* 800- 842-6929                                 |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)   | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314 * 703-518-6360                           |
| State-chartered banks that are not members of the Federal Reserve System  | Federal Deposit Insurance Corporation<br>Division of Compliance & Consumer Affairs<br>Washington, DC 20429 * 800-934-FDIC |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation<br>Office of Financial Management<br>Washington, DC 20590 * 202-366-1306                     |
| Activities subject to the Packers and Stockyards Act, 1921  | Department of Agriculture<br>Office of Deputy Administrator-GIPSA<br>Washington, DC 20250 * 202-720-7051                  |



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**AUTHORIZATION & RELEASE OF LIABILITY FORM**

I, \_\_\_\_\_, Date of Birth \_\_\_\_\_,  
Social Security Number \_\_\_\_\_, do hereby authorize  
the **INTEGRITY CENTERS CORPORATION** of Dallas, Texas, to conduct an investigation into my personal and  
employment background for \_\_\_\_\_ to include, but not necessarily be limited to, my: previous  
employment history (including Social Security Number verification); earnings history; civil litigation history;  
criminal arrest, conviction and disposition history; driving history; personal and/or business credit history;  
educational background; address and telephone history; Worker’s Compensation claim history; professional license  
history; and general reputation for character and honesty.

I hereby authorize any individual, corporation, company, institution or government agency to release to the  
**INTEGRITY CENTERS CORPORATION** any information, documents, or opinion they may possess concerning  
me or my reputation as an employee, student, debtor, associate or acquaintance.

I release, indemnify, and forever hold harmless the **INTEGRITY CENTERS CORPORATION** and their agents  
or assigns, and \_\_\_\_\_ and their agents or assigns, from any and all claims and/or liabilities that  
may arise as a result of their investigations into my personal and employment background, as that is described  
above, or from any fingerprint procedures, photographs, physical examinations, speech perception tests, x-rays, drug  
testing procedures, other medical diagnostic procedures, or polygraph examinations conducted by them or their  
suppliers. This Authorization & Release of Liability shall not be applicable to any gross negligence on the part of  
**INTEGRITY CENTERS CORPORATION**.

I release, indemnify, and forever hold harmless any individual, corporation, company, institution, or government  
agency and their agents or assigns who may act upon authority of this Authorization & Release of Liability.

I hereby authorize and certify that a photocopy or electronic facsimile of this Authorization & Release of Liability  
shall serve with the same authority as the original.

X \_\_\_\_\_ X \_\_\_\_\_  
Signature Date

-----  
**WITNESS FOR:** \_\_\_\_\_

Name, Printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Revised: June 12, 2001



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## Check Nanny / Domestic

### **Request for Background Information Form**

Applicant's Full Legal Name: \_\_\_\_\_

Maiden Name or other Alias: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long has Candidate lived at the present address ? \_\_\_\_\_ Years

For the last seven (7) years, list any former residence addresses and years lived there:

\_\_\_\_\_ Years

\_\_\_\_\_ Years

\_\_\_\_\_ Years

\_\_\_\_\_ Years

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

I hereby certify that the information provided above is accurate and is to be used for requesting background information on the person named for the purpose of evaluating them for employment. The Employer has an Authorization and Release of Liability, signed by the Candidate being investigated, on file covering all personal information on the Candidate named above, a copy of which is FAXed with each Request for Background Information Form. The Employer and the Candidate will fully execute any special conviction history release forms, if requested to do so, for a particular state or jurisdiction, and will send the notarized original of that Special Release to The Integrity Center, Inc. for handling. The Employer understands that inquiry results will first be phoned, and then will be sent by FAX or mail to the Employer using the information specified below, to the attention of the Employer, and that he/she will insure that such information when received will be handled in a CONFIDENTIAL manner.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Employer / Company Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_





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## Check Nanny / Domestic Services Requested Form

Employer's Full Name: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

### Services Requested / Cost

| Quan. | Item   | Item Cost  | Total Payment |
|-------|--|--|---------------|
|       | <b>I.D. Verification</b><br>(includes SSN Verification)  | <b>\$17.85</b>   |               |
|       | <b>County Criminal Conviction History</b><br>County: _____<br>State: _____<br>(Attach or Write: Other Counties)                                    | <b>\$29.75 per<br/>County +<br/>court fees<br/>in some</b> |               |
|       | <b>Driver's License History</b><br>License Number: _____ State: _____<br>(Get State Fee from Website, or Call)                                     | <b>\$22.85<br/>+ Fee</b>                                   |               |
|       | <b>Employment Verification (per employer)</b><br>(Attach or Write: Employer, City, Dates, Title)   | <b>\$25.35</b>   |               |
|       | <b>Personal Credit History</b><br>(includes I.D. Verification)   | <b>\$22.00</b>   |               |
|       | <b>Higher Education Verification (per Campus)</b><br>(Attach or Write: School, City, Degree, Year)   | <b>\$24.75</b>   |               |
|       | <b>Verification of Professional License</b><br>(Attach or Write: License, State, Expiration Date)  | <b>\$37.75</b>   |               |
|       | <b>County Civil Litigation History</b><br>County: _____ / __ / Plaintiff, or<br>State: _____ / __ / Defendant<br>(Attach or Write: Other Counties) | <b>\$45.50 per<br/>County +<br/>court fees<br/>in some</b> |               |
| ****  | <b>Total Amount of Check</b>   | ****   | \$            |

**FAX this Services Requested Form + FCRA Compliance Agreement + Authorization and Release of Liability + Request for Background Information Form to us so that we can get started performing your searches. Then, so that we are paid in a timely way, put your check or money order in the mail along with the originals of what you have faxed. You can use overnight or priority mail if you wish. We should have your results to give to you at about the same time that your payment arrives.**

**FAX Number: (972) 484-6381**

**Questions: (972) 484-6140**

**Sample Adverse Action letter.**

**To be sent to the consumer if employment may be denied whether or not the decision was based in whole or in part on a consumer report received from a consumer reporting agency.**

**YOUR PERSONAL OR COMPANY LETTERHEAD**

\_\_Date\_\_

\_\_Name\_\_

\_\_Address\_\_

\_\_City/State/Zip Code\_\_

Dear \_\_\_\_\_:

The purpose of this letter is to inform you that there is information in a consumer report we received which, if accurate, would prevent YOUR COMPANY from offering you employment at this time. A copy of the consumer report is enclosed along with a copy of the A Summary of Your Rights Under The Fair Credit Reporting Act.

YOUR COMPANY previously disclosed to you that it may obtain a consumer report(s) as a condition of employment. A copy of this disclosure was provided to you at the time you applied for employment with this company. Additionally, you authorized this company, in writing, to obtain the necessary consumer report(s) in order to make an employment decision.

After reviewing the consumer report, if you believe the information in the report is inaccurate and/or want to know what information in the consumer report(s) falls outside our company requirements or guidelines, you are asked to contact YOUR COMPANY directly within five days of the date of this letter. If contact is not made, within five days, it will be determined that you no longer desire to pursue employment with this company.

The report was obtained from CONSUMER REPORTING AGENCY'S NAME, ADDRESS, AND TOLL-FREE TELEPHONE NUMBER . You must understand that while the consumer report(s) was provided by CONSUMER REPORTING AGENCY'S NAME, they did not make this employment decision and cannot provide you with the specific reason(s) why YOUR COMPANY made the decision.

Sincerely yours,

\_\_YOUR COMPANY REPRESENTATIVE\_\_

**Enclosures: Consumer Report(s), A Summary of Your Rights Under the Fair Credit Reporting Act**