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| State of Wisconsin  Department of Administration  Division of Personnel Management  DOA-15537 (c07/2016) |  |  |

## FCRA Authorization

**Consent for Procurement of Consumer Credit Report**

I understand that, as a condition of my consideration for employment with Enter Company Name Here or as a condition of my continued employment with Enter Company Name Here, Enter Company Name Here may obtain a consumer report that includes, but is not limited to, my creditworthiness or similar characteristics, employment and education verifications, social security verification, criminal and civil history, personal interviews, DMV records, any other public records and any other information bearing on my credit standing, credit capacity, character, general reputation, personal characteristics and trustworthiness.

I hereby authorize and consent to the State of Wisconsin’s procurement of such a report. I understand that, pursuant to the federal Fair Credit Reporting Act, the State of Wisconsin will provide me with a copy of any such report if the information contained in such report is, in any way, to be used in making a decision regarding my fitness for employment with the State. I further understand that such report will be made available to me prior to any such decision being made, along with the name and address of the reporting agency that produced the report.

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|  | |  |  | |
| Signature of Application or Employee | |  | Date | |
|  | | | | |
| Printed Name of Applicant or Employee | | | | |
|  | | | | |
| (Please Print) Other names used | | | | |
|  | | | | |
| Address | | | | |
|  | | | | |
| City/State/Zip | | | | |
|  |  | | |
| Date of Birth | Social Security # | | |