

DISCLOSURE / AUTHORIZATION / RELEASE OF INFORMATION

NAME _____ DATE _____

(PLEASE PRINT)

In connection with my application for employment, promotion or transfer with the Massachusetts Bay Transportation Authority (hereafter, "MBTA"), I authorize the procurement of a consumer report and understand that it may contain information about my background, character, general reputation, mode of living, credit history and related information (if applicable), and job performance. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I understand that pursuant to the Fair Credit Reporting Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer reporting agency, Yale Associates, Inc. (hereafter "Yale"), whose address and telephone number are listed at the bottom of this form. I understand that I may have additional rights under State law which I may determine by contacting my State or local consumer protection agency. I hereby release MBTA, Yale, their officers, agents, employees, and servants from any liability arising from the preparation of this report or investigations relating thereto.

I authorize all persons, schools, companies, corporations, credit bureaus and law enforcement agencies to release such information without restriction or qualification to Yale, and any of its officers, agents, employees and servants. I voluntarily waive all recourse and release the above sources and firms, including MBTA, and Yale from liability for complying with this authorization.

I understand that any offer of employment by MBTA will be contingent upon the results of a number of factors including this background check.

Drivers License No. _____ State _____

Soc Sec No. _____ Date of Birth* _____

Signature _____ Date _____

Other Name(s) Used _____

California, Minnesota and Oklahoma residents may obtain a copy of this report by checking this box.

*Social Security number and date of birth are required solely for the purpose of verifying background information and to insure accuracy in the search of public records. It will be used for no other purpose.

Education – Highest Degree/Diploma Received _____ Date _____

School _____ City/State _____

Please provide all home addresses for the most recent seven (7) years, starting with your present address:

| STREET ADDRESS | CITY | STATE | ZIP | DATES | MO./DAY/YR. |
|----------------|------|-------|-----|-------------|-------------|
| 1) _____ | | | | FROM: _____ | TO: _____ |
| 2) _____ | | | | FROM: _____ | TO: _____ |
| 3) _____ | | | | FROM: _____ | TO: _____ |

Please provide all home addresses for the most recent seven (7) years, starting with your present address: (continued)

STREET ADDRESS

CITY

STATE

ZIP

DATES

MO./DAY/YR.

4) _____ FROM:
TO: _____

5) _____ FROM:
TO: _____

6) _____ FROM:
TO: _____