

# Town of Mesilla, New Mexico

Phone (575) 524-3262

P.O. Box 10

2231 Avenida de Mesilla, Mesilla, NM 88046



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## Notification Form Regarding Consumer Report

**Prior to being hired and during the course of your employment if hired, we may obtain a consumer report and/or an investigative consumer report about you for employment purposes.**

The investigative consumer report, also known as a reference check, may include information as to your character, general reputation, personal characteristics and mode of living. This information may be obtained by contacting your previous employers and/or references supplied by you or others. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within five days of the date on which we receive the request from you or within five days of the time the report was requested, whichever is later.

The Fair Credit Reporting Act gives you specific rights. If we rely on the report for an adverse action, before taking the adverse action, we will give you a pre-adverse action disclosure that includes a copy of the report and a copy of the document entitled "A Summary of Your Rights Under the Fair Credit Reporting Act".

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative consumer report about you for employment purposes and authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information that may have about you. This authorization shall be valid in original or copy form.

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

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

Driver's License Number \_\_\_\_\_

Current Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_