



ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by **Leon County Board of Commissioners** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **First Choice Background Screening, 6365 Taft Street, Suite #2000, Hollywood, FL 33024, Toll-free number: 888.222.6988 x7808, Toll-free fax: 888.949.2010, www.firstchoicebackground.com** and/or **Leon County Board of Commissioners**. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

BACKGROUND INFORMATION

Last Name _____ Suffix: _____ First _____ Middle _____
 Other Names/Alias _____
 Social Security* # _____ Date of Birth* _____
 Driver's License # _____ State of Driver's License** _____
 Present Address _____ Phone Number _____
 City/State/Zip _____
 Email Address _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

New York City applicants only: By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Signature: _____ Date: _____



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Leon County Board of Commissioners (“the Company”) may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by **First Choice Background Screening, 6365 Taft Street, Suite #2000, Hollywood, FL 33024, Toll-free number: 888.222.6988 x7808, Toll-free fax: 888.949.2010, [www. firstchoicebackground.com](http://www.firstchoicebackground.com)**. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

Signature: _____

Date: _____

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p. 1 of 1