



Spring Hill Recreation Commission Background Checks Release Form

THIS IS PAGE ONE OF A TWO-PAGE FORM. PLEASE COMPLETE THE APPROPRIATE INFORMATION ON BOTH PAGES OF THE FORM.

Applicants for employment or persons hired by the **Spring Hill Recreation Commission**, (hereafter *employing entity*) or other affiliated organizations may be asked to complete this form. A checkbox by a report category indicates that this type of report **may** be requested, and your authorization is requested. Background checks are obtained by the Spring Hill Recreation Commission from a commercial provider.

CATEGORIES OF BACKGROUND CHECKS:

1. **CREDIT REPORTS.** This component specifically authorized by my initials: _____

I request, authorize, and consent to the release of a credit report and/or investigative consumer report concerning me by any credit reporting agency. I understand that I can obtain the address and telephone number for the selected credit reporting agency(ies) from the Spring Hill Recreation Commission.

I understand that the results of a background check and my credit records will be used as part of the evaluation of my application and that both verbal and written reports may be obtained. I also understand that an investigative consumer report concerning me may include information about my character, general reputation, personal characteristics, and mode of living. I further understand that I am entitled to review any files containing such investigative consumer reports at the offices of the Spring Hill Recreation Commission during normal business hours. I may also receive copies of any such report by certified mail, if I make a written request addressed to the Spring Hill Recreation Commission. I also understand that, to protect my privacy, I cannot receive a verbal summary of such information by telephone. To receive any of this information or access to records, I realize that I must submit proper identification of my request. The employing entity will not deny employment or terminate employment solely on the basis that an applicant has filed bankruptcy. Please indicate if you wish to receive a copy of your credit report or investigative consumer report: Yes No.

2. **CRIMINAL RECORDS.** This component specifically authorized by my initials: _____

I request, authorize, and consent to the employing entity's thorough investigation of whether I have a record of criminal convictions and, if so, the nature of such criminal convictions and all surrounding circumstances available through lawful means. The employing entity has advised me that its criminal background check will focus on convictions and that a criminal record will not necessarily disqualify me from consideration for employment or cause termination of my employment.

3. **EDUCATION RECORDS.** This component specifically authorized by my initials: _____

I request, authorize, and consent to the release and disclosure to the employing entity of educational records from any and all public or private educational institutions that I have attended. Such educational records include all records of my academic performance, courses attended, grades earned, diplomas, degrees, or other certificates conferred. These records are to be released and disclosed to the employing entity in connection with a background check pertaining to an application for employment or for continued employment. My consent to the release and disclosure of these records applies only to the employing entity, its agents, servants, officers, or employees. This consent is given with the understanding that the employing entity will not transmit the information contained in these records to any other agency or person without my written consent.

4. **EMPLOYMENT INFORMATION.** This component specifically authorized by my initials: _____

I request, authorize, and consent to the release of information to the employing entity regarding my previous employment and authorize all past employers or agents that they may designate to respond to verbal or written inquiries from the employing entity regarding my employment record, including but not limited to, positions held, dates of employment, last pay rate, work performance, disciplinary records, reliability, and any incidents of dishonesty, insubordination, violence, and/or unsafe, harmful, or threatening behavior, including information based upon materials in my personnel files.

CATEGORIES OF BACKGROUND CHECKS CONTINUED ON NEXT PAGE (PAGE TWO).

**THIS IS PAGE TWO OF A TWO-PAGE FORM.
PLEASE PROVIDE THE APPROPRIATE INFORMATION ON BOTH PAGES OF THE FORM.**

CATEGORIES OF BACKGROUND CHECKS CONTINUED:

5. [] **LICENSE/CERTIFICATE INFORMATION.** This component specifically authorized by my initials: _____

I request, authorize, and consent to the release of information from any public agency or private entity concerning any professional or vocational license or certification that I have held in the past or currently hold, including, but not limited to, information concerning whether such license or certification is in good standing and any disciplinary or other proceedings concerning such license or certification.

6. [] **PERSONAL REFERENCE INFORMATION.** This component specifically authorized by my initials: _____

I request, authorize, and consent to the employing entity's contacting the personal references identified in my application for purposes of confirming information contained in my application for employment and otherwise furthering the purposes of the employing entity's applicant background and employee investigation policy. I specifically request, authorize, and consent to the employing entity's verbal or written inquiries addressed to my personal references about the information contained in my application or other documents representing my application for employment, as well as my reliability, honesty, and potential tendency, if any, to engage in any form of violence or other harmful, unsafe, or threatening behavior.

PLEASE PRINT ALL INFORMATION BELOW EXCEPT FOR SIGNATURE

Name (Last, First, Middle)			
Other Name, Maiden Name			
Social Security Number			
Date of Birth		Area Code/Phone Number	
Driver's License No.			
Issuing State			
<i>CURRENT HOME ADDRESS</i>	Years at this address:		
Address Line 1			
Address Line 2			
City, County, State, ZIP			
<i>FORMER HOME ADDRESS</i>	Years at this address:		
Address Line 1			
Address Line 2			
City, County, State, ZIP			
Date Signed			
Signature			
REQUESTING DEPARTMENT			
CONTACT PERSON			

MY SIGNATURE BELOW ACKNOWLEDGES MY AGREEMENT WITH THE SECTIONS INITIALED BY ME ON THE ABOVE TWO PAGES.

Name (Print)		Date Signed	
Signature			

Please review and return the following release page.

