Background Request/Authorization

PLEASE PRINT CLEARLY

SUBJECT: _____ **SS#:**_____
Last First Middle

ALIASES: _____ _____

ADDRESS: _____
Street Address City County State Zip

DRIVER'S LICENSE: _____ _____
Number State

***DATE OF BIRTH:** _____* **PHONE:** _____
Month / Date / Year

*** DATE OF BIRTH INFORMATION WILL BE USED FOR BACKGROUND INVESTIGATION PURPOSES ONLY ***

I understand that in connection with the application process, Rubidoux Community Services District will request National Business Investigations, Inc., a licensed investigations agency, to conduct a background check (consumer report). The information provided by me will be the basis for the search of public records, which may include, but not be limited to, a search for criminal convictions (within last 7 years), civil filings, social security number trace, credit worthiness, bankruptcies, department of motor vehicle records, degree confirmation and credit report information.

If any adverse decision is made with regard to my application or employment (if any) based entirely or in part on the information contained in the consumer report, I understand I will be notified as to the basis of that decision and given a copy of the report, as well as a summary of my applicable rights.

I have provided complete and truthful information to Rubidoux Community Services District and fully understand that any misrepresentations or material omissions concerning the information provided will be grounds for denying my application, withdrawing any offer of employment, or immediate discharge.

My signature below indicates I have carefully read and understand this notice and consent to the release of a consumer report to Rubidoux Community Services District for employment purposes either in connection with my job application, or in connection with any future decisions concerning my employment, promotion, reassignment or retention as an employee. I understand my consent remains in effect indefinitely until it has been revoked in writing.

_____ _____
Candidate's Signature/Consent **Date**

REQUESTED BY: _____ **DATE:**_____

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