



BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
Finance and Administrative Services Department
Human Resources Division

BACKGROUND CHECK AND RECORD RELEASE

MUST BE COMPLETED BY HUMAN RESOURCES

Check appropriate box for: [] Employment [] Volunteer [] Community Service Worker

PN: Job Title:

Department/Division/Agency/Office: Job Requisition #:

HR User: HR User Email:

Will applicant work with children, elderly, disabled or vulnerable persons as described in applicable Florida Statutes? [] Yes [] No

Will applicant handle currency (checks, money orders and/or cash)? [] Yes [] No

MUST BE COMPLETED BY EMPLOYEE - ALL SPACES MUST BE COMPLETED

First Middle Last
Name: Name: [] N/A Name: Suffix:

Other Prior Names/Maiden Names/Aliases:

DOB: mm/dd/yyyy Gender: [] Male [] Female Social Security Number:

Race: (Check One) [] White-Not Hispanic [] Black-Not Hispanic [] Hispanic [] Asian/Pacific Island [] American Indian/Alaskan Native

Current Address:

How long have you lived in Florida? Driver's License:
Years Months License Number State Expiration Date

Only complete below if resided outside the state of Florida. Must be completed if you have lived in Florida for less than 10 years.

Only provide City, County, State.

City, County, State: City, County, State:

City, County, State: City, County, State:

CRIMINAL RECORD (Attach Additional Documents if Necessary)

Since your 18th birthday, have you been convicted of or entered a plea of guilty or nolo contendere (no contest) to any violations of law?

You must include all felonies and misdemeanors, other than non-criminal traffic offenses, even if adjudication was withheld.

[] Yes [] No If yes, please provide the following information:

Offense:

Type of Offense: [] Federal Felony [] Federal Misdemeanor [] State Felony [] State Misdemeanor

Name & Location of Court:

Court Disposition: Date:

Note: A conviction does not automatically disqualify you. The nature of the offense, how long ago it occurred, relationship to your duties and agency assigned, etc. will be given consideration.

Please attach a list of any additional offenses not listed above, if needed in one attachment.

IMPORTANT - FAILURE TO DISCLOSE ALL REQUESTED CRIMINAL HISTORY MAY RESULT IN DISQUALIFICATION, WITHDRAWAL OF EMPLOYMENT OFFER, OR TERMINATION OF EMPLOYMENT.

First Name: _____ Middle Name: _____ Last Name: _____ N/A Name: _____ Suffix: _____

I hereby certify that every statement I have made on this form and in my application is true and complete to the best of my knowledge. I understand that any omissions, falsifications, misstatements, or misrepresentations provided in this electronic form or in any application materials may disqualify me for employment consideration and, if hired, may be grounds for termination at a later date.

I understand that I will also be required to provide documents which verify my identity and my right to work in the United States.

I understand that any application information submitted to Broward County is public record, and I authorize any agent or employee to verify this information, and to release it to anyone who may consider me for employment with the County, or for any other reason consistent with Chapter 119, Florida Statutes.

I understand that I must notify the Human Resources Division of any changes in my name, address, or phone number.

I acknowledge receipt of three separate documents entitled **Disclosure Regarding Consumer and/or Investigative Consumer Reports, Acknowledgment and Authorization Regarding Consumer Reports and/or Investigative Consumer Reports, and A Summary of Your Rights Under the Fair Credit Reporting Act.**

By choosing to sign this form, I indicate my acceptance and agreement to all the above. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

_____ Date: _____
Candidate/Volunteer Signature

HUMAN RESOURCES USE ONLY

Qualified Not Qualified Offer Withdrawn Record Found, Not Selected (BTB)

_____ Date: _____
Authorized Signature