



BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
 Finance and Administrative Services Department
 Risk Management Division | Safety & Occupational Health Section
ACKNOWLEDGEMENT, AUTHORIZATION AND REQUEST
FOR CRIMINAL BACKGROUND INFORMATION

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK AND RECORD RELEASE

Check appropriate box for: **Employment, Volunteer or Community Service Worker**

Employment **Volunteer** **Community Service Worker (court ordered)**

I acknowledge receipt of the separate documents entitled **BACKGROUND INVESTIGATION DISCLOSURE** and **A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**, and certify that I have read and understand both of the documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Broward County at any time after receipt of this Authorization and throughout my employment or period of volunteer service, 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. These searches will be conducted by Applicant Insight, Inc. 5652 Meadowlane St., New Port Richey, Florida 34652, 1-800-771-7703, Email address: customerservice@ainsight.com and/or Broward County, itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

PERSONAL INFORMATION – ALL SPACES MUST BE COMPLETED

First Name: _____ Middle Name: _____ Last Name: _____ NA Name: _____ Suffix: _____

Other Prior Names/Maiden Names/Aliases: _____

DOB: ____/____/____ 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? ____ Years ____ Months Driver's License: ____ License Number ____ State ____ Expiration Date

Previous Addresses: _____
 Out of the state of Florida. Must be completed if you have lived in Florida for less than 10 years.

CRIMINAL RECORD (if any)

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: (use a separate sheet of paper if multiple records exist)

Offense: _____ Misdemeanor Felony

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.

Printed Name: _____

SIGN ▶ _____ Date: _____

Candidate/Volunteer Signature



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Employee Name: _____

To BE COMPLETED BY THE SUPERVISOR/PREPARER

Consistent with Broward County policies, an employee may not work in a position which supervises, is supervised by, or influences the activity of a relative or a spouse employed by Broward County, and may not be promoted to such a position.

Does the candidate or volunteer have a relative or spouse working in this Agency who would supervise, be supervised by, or influence the candidate or volunteer? (check one)

Yes No

I certify that I have complied with the provisions of Broward County's rule of employment of relatives.

SIGN ► _____ Date: _____
Signature

MUST BE COMPLETED BY THE HIRING MANAGER

Job Title: _____ BPN: _____

Job Requisition #: _____

Will applicant work with children as described in applicable Florida Statutes? Yes No

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

Department/ Division/
Office: _____ Agency _____

Hiring Manager Hiring Manager Hiring Manager
Name: _____ Email: _____ Work Phone: _____

Recruiter Name: _____ Recruiter Recruiter
Email: _____ Work Phone: _____

SIGN ► _____ Date: _____
Signature

RISK MANAGEMENT / HUMAN RESOURCES USE ONLY

Qualified Offer Withdrawn Not Qualified

SIGN ► _____ Date: _____
Risk Management Signature