



AUTHORIZATION TO ORDER A BACKGROUND CHECK

Department: _____

BACKGROUND CHECKS AUTHORIZATION FOR CONSUMER REPORTS

In connection with your application for employment with North Ogden City (including contract for services), understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience information along with reasons for termination of past employment. Further, understand that information from various Federal, State, local and other agencies which contain your past activities will be requested. A consumer report containing injury and illness records and medical information may be obtained only after a tentative offer of employment has been made.

By signing below, you hereby authorize without reservation, any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your contract. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original.

You have the right to make a request a copy of your Background Checks, upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of your request.

You hereby authorize and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish North Ogden City with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

Name: _____			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last	First	Middle		
Address: _____				
Street	City	State / Zip Code		
Telephone No: Home: _____		Cell: _____		
E-Mail Address: _____				
SSN: ____ - ____ - ____			Date of Birth: ____ / ____ / ____	
			Month	Day
			Year	
Driver's License #: _____			Issuing State: _____	
Other or Former Names: _____				
Professional License: _____				
License	State	Type	Number	

Signature

Date