

# Background Check Release



Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date: \_\_\_\_\_

Other names (e.g. maiden name, alias): \_\_\_\_\_

<b>Current Residence</b>	Address: _____		
City: _____	State: _____	ZIP: _____	County: _____

<b>Previous Residence</b>	Address: _____		
City: _____	State: _____	ZIP: _____	County: _____

Social Security #: \_\_\_\_\_ Race/Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number & Issuing State: \_\_\_\_\_

By signing below, I authorize the County of Volusia to make investigations as to my character, employment record, criminal record, education record, driving record, credit history and/or matters as may be deemed necessary in arriving at an employment decision.

These checks, at a minimum, will include:

Additional checks may also include:

- Local and National Criminal Background Records/Information
- Sex Offender Registry Checks
- Addresses
- Social Security Number Verification
- Driving Record/Motor Vehicle Record

- Reference Checks
- Educational, License, and/or Certification Verifications
- Credit Checks (pursuant to the Fair Credit Reporting Act)
- U. S. Department of Health and Human Services Medicare/Medicaid Exclusions List

I hereby authorize former employers, law enforcement agencies, and other agencies and institutions to release employment, financial, educational, criminal, driving, and other types of background information to the County of Volusia and release these parties from all liability for any damage whatsoever that may ensue from furnishing such information. I believe to the best of my knowledge that all information I have provided is accurate, true, and correct and that I fully understand the terms of this release.

Signature: \_\_\_\_\_

<https://vcservices.vcgov.org/PersonnelSecureFormUpload/>