

BACKGROUND SCREENING RELEASE & AUTHORIZATION FORM

In connection with my application for employment (including contract for services or volunteer services) or tenancy with the **City of Jeffersonville**, consumer reports will be requested. These consumer reports (investigative consumer reports in California) may include, as applicable, the following types of information: names and dates of previous employers/landlords, salary, work/tenant experience, education, accidents, licensure, credit (except California), social media, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, evictions, bankruptcy proceedings, criminal records, etc., from federal, state and other agencies which maintain such records.

In addition, investigative consumer reports as defined by the federal Fair Credit Reporting Act, gathered from personal interviews with former employers/landlords and other past or current associates of mine to gather information regarding my work/tenant performance, character, general reputation, personal characteristics and lifestyle may be obtained.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: VeriCORP, Inc., P.O. Box 436054, Louisville, KY 40253-6054; telephone (877) 717-3515 ("Agency"), upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). **I hereby consent to your obtaining the above information from the agency.** You may view their privacy policy at their website: www.vericorpr.com.

I hereby authorize procurement of consumer report(s) and investigative consumer report(s), including the release of all criminal history records. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract) period.

☐ California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

Notice to California Applicants:

You have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (ETZ) Monday through Friday) to obtain all information in your file for your review. You may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. You can have someone accompany you to the Agency's offices. Agency may require this third party to present reasonable identification. You may be required at the time of such visit to sign an authorization for Agency to disclose to or discuss your information with this third party; 2) By certified mail, if you have previously provided identification in a written request that your file be sent to you or to a third party identified by you; 3) By telephone, if you have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in your file to you and if the file contains any information that is coded, such will be explained to you.

Notice to New York Applicants:

For consumers applying for work in New York: I acknowledge receiving a copy of Article 23-A of the New York Correction Law. _____
(Initials)

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

APPLICANT SIGNATURE: _____

DATE: _____

Applicant Information provided below:

Please Print Clearly

FIRST NAME	MIDDLE NAME	LAST NAME
SOCIAL SECURITY NUMBER	DATE OF BIRTH (mm/dd/yyyy)	PLEASE CHECK ONE
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>

Alias/Maiden/Previous Name(s) Use the back of this form if more space is needed.

FIRST NAME	MIDDLE NAME	LAST NAME	YEARS USED

List all addresses, including current address, for the past 7 years. Use the back of this form if more space is needed.

ADDRESS, CITY and STATE	ZIP CODE	COUNTY	DATE FROM	DATE TO

Complete if applying for a position that may involve driving a motor vehicle.

DRIVERS LICENSE NUMBER	STATE ISSUED	EXPIRATION DATE

EMAIL ADDRESS (If you wish to be contacted this way)

Applicant must submit copy of Drivers License



City of Jeffersonville

Vendor Application

Date: _____

Applicant Information

Full Name: _____
Last First M.I.

All other names under which the applicant conducts business or to which applicant officially answers:

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone _____ Cell Phone _____

Social Security # _____

Driver's License #: _____ Expiration Date: _____

Physical Description of Applicant:

Height : _____ Weight: _____ Hair Color _____

Eye Color _____ Male: _____ Female: _____

Distinguishing marks and/or features: _____

Information concerning Company/Organization

Company/Organization Name : _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Any & All Telephone # for Company / Organization: _____

Type of Business: _____

Description of goods and/or services to be offered: _____

Information concerning Company / Organization (cont'd)

Duration of License Requested: From _____ To _____

Additional address & telephone #'s where applicant can be reached while conducting business within the City

Location where business to be set up _____

Duration of Operation: _____ (week, month or year)

Days of Operation (Mon-Sun) _____

Times of Operation _____

Vehicles to be used in the transaction of business or transportation of employees

(Include All vehicles):

Make:

Model:

Color:

Plate Number:

Criminal History

Have you, the applicant, been convicted of any felony, gross misdemeanor, misdemeanor, or violation of any state or federal laws in the last five (5) years? YES NO If yes, explain below:

Date _____ Offense _____ Arresting Agency _____ Disposition _____

Date _____ Offense _____ Arresting Agency _____ Disposition _____

Date _____ Offense _____ Arresting Agency _____ Disposition _____

Date _____ Offense _____ Arresting Agency _____ Disposition _____

List any pending criminal charges against applicant: _____

List three (3) most recent locations where the applicant has conducted business as a door-to-door merchant or transient merchant.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I affirm under penalties of perjury that the foregoing representations are true to the best of my, information and belief, this _____ day of _____, 20_____.

I do hereby authorize the City of Jeffersonville to search any and all records available for a complete background check.

Signature: _____ Date: _____

Applicant must provide proof of any requested state or county license, if required.

Applicant must provide written permission of the property owner or the property owner's agent for any location to be used by a transient merchant.