

Powhatan Dept. of Social Services Background Screen Authorization

In connection with my application for employment or to serve as a volunteer with “ **Powhatan Dept. of Social Services** ”, I understand that a “consumer report” and/or “investigative consumer report”, as defined by the Fair Credit Reporting Act, will be requested for employment or volunteer purposes, (whichever is applicable) from Active Screening, Inc., a consumer reporting agency as defined by the Fair Credit Reporting Act. Depending on the background check requested these reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker’s compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Active Screening, 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5580. For additional information about privacy practices, see www.activescreening.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize **Powhatan Dept. of Social Services** or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Print Name

Signature

Date



14499 N. Dale Mabry Hwy, Suite 201 S Tampa, FL 33618
Toll-free: (800) 319-5580 Fax: (800) 319-5582

BACKGROUND SCREEN APPLICATION
Powhatan Dept. of Social Services

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

SEX (Gender): _____

For identification purposes only, please provide FULL DOB: _____
(Date of Birth)

SOCIAL SECURITY #

HOME ADDRESS _____

CITY _____ COUNTY _____

STATE _____ ZIP _____

Driver's License ID #

EMAIL ADDRESS

Please List Other Names Used _____



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