

Upper Captiva Fire & Rescue District

AUTHORIZATION TO OBTAIN A CONSUMER CREDIT REPORT AND RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

Pursuant to the federal Fair Credit Reporting Act, and other applicable laws, I hereby authorize Upper Captiva Fire & Rescue District and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative report to be generated for employment, promotion, reassignment or retention as an employee at any time. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

verification of Social Security Number, current and previous residences, employment history including all personnel files, education, references, credit history and reports, criminal history records from any Criminal Justice Agency in any or all federal, state, county jurisdictions, birth records, workers compensation, motor vehicle records to include traffic citations and registration and any other public records.

I _____ authorize the complete release of these records or data pertaining to me which an individual, company, firm, corporation, or public agency may have. I understand that I must provide my date of birth to adequately complete said screening, and acknowledge that my date of birth will not affect any hiring decisions. I hereby authorize and request any present or former employer, school, law enforcement agency, financial institution or other persons having personal knowledge of me, to furnish the bearer with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original until I revoke this authorization, in writing.

I hereby release Upper Captiva Fire & Rescue District & _____ and its agents, officials, representatives or assigned agencies including officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information. I authorize the holder of this authorization to contact me using my personal contact information given below.

I understand that, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer credit report, a copy of the report and a summary of the consumer's rights will be provided to me.

