

# ONE SOURCE

THE BACKGROUND CHECK COMPANY

P.O. Box 24148 Omaha, NE 68124  
(P) 800.608.3645 • (P) 402.933.9999 • (F) 402.333.3280

## APPLICANT RELEASE AUTHORIZATION

In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reason for termination and employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: worker's compensation injuries, driving record, court record, education, credentials credit and references.

Medical and worker's compensation information will only be requested with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my perspective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source, which provided the information. I acknowledge that facsimile (FAX), photographic copy or email shall be as valid as the original.

***I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by One Source, The Background Check Company or its agent, to furnish the information described above. I understand that in the event a negative hiring decision is made based upon the results of my background check, a report will be furnished to me upon my request.***

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

### PERSONAL INFORMATION (PLEASE PRINT)

(Please Print) LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL (REQUIRED) \_\_\_\_\_

OTHER LEGAL NAMES YOU HAVE USED, INCLUDING MAIDEN NAME(S): \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH (REQUIRED) \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_ NAME AS IT APPEARS ON LICENSE \_\_\_\_\_

### OTHER ADDRESSES IF LESS THAN 7 YEARS AT HOME ADDRESS: (USE BACK OF SHEET FOR ADDITIONAL ADDRESSES)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE

\*

SIGNATURE OF APPLICANT: \_\_\_\_\_ NAME OF APPLICANT (PLEASE PRINT): \_\_\_\_\_ DATE: \_\_\_\_\_

**\*Must Sign**

ONE SOURCE CLIENT FORMS © 2007

**Heading**

I hereby request information from the Nebraska Adult and Child Abuse and Neglect Registry. I agree to use the requested information to determine whether to hire or retain the individual to provide care, custody, treatment, transportation or supervision of children or vulnerable adults.

Agency Name	Fax Number
<input type="text"/>	<input type="text"/>

Address	Phone Number
<input type="text"/>	<input type="text"/>

I hereby authorize the Division of Children and Family Services to disclose whether I have an Adult and/or Child Abuse and Neglect Register/Registry record to the above-named agency.

Full Legal Name (applicant)

Address	City/State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Social Security Number
<input type="text"/>	<input type="text"/>

**Heading**

Other names previously used such as former married names, maiden name and nick names.

Names and birth dates of your children and children who have lived with you.

Any Address at which you have resided during the past 20 years.

**Signatures and Dates**

\_\_\_\_\_  
Print full legal name

Pool Staff

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# ***Criminal History Check Application***

**TO BE COMPLETED BY THE APPLICANT:** (Use Black Ink)

**CRIMINAL HISTORY CHECKS** will be conducted on the top applicants through law enforcement agencies, health & human services agencies, and abuse registries. In order to perform such checks, the following information is required:

*I understand that criminal history checks will be conducted on the top candidates and I agree to provide the following information:*

\_\_\_\_\_  
(Applicant Signature)

Last Name (Please print letters and numbers clearly and legibly) \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/19 \_\_\_\_\_  
Date of Birth (Month/ day/ year) Sex Maiden Name (if applicable, or any other legal name(s) by which you have been known)

***Important - Applicants please note the policy below:***

I understand that **ALL convictions** for any law violation (i.e., DUI, shoplifting, minor in possession, reckless driving; anything for which you paid a fine) other than a minor traffic violation (i.e., parking ticket, speeding ticket), including convictions that have been "set aside", "probationed" or "pardoned", **must be listed on the front of the application form or on an attached sheet.** Consideration is given to the offense(s) and the relationship to the position for which you are applying. **Failure to list convictions will be considered falsification of your application and result in automatic rejection.** [Lancaster County Personnel Rules 5.4(c) and Lincoln Municipal Code 2.76.230(d)]

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***Instructions to the Interviewing Official:***

Complete this form for each applicant you have selected for hire. **This completed form MUST accompany the applicant's application and Personnel Action form (P.A.).** Please Return To: **The City/County Personnel Office.**

**Must be completed by the Interviewing Official**

**Employment Fax #: 402-441-8748**

\_\_\_\_\_ Job Applicant \_\_\_\_\_ Volunteer

**Is this form a re-submission (due to prior Criminal History omitted from an Application)?** Yes \_\_\_\_\_ No \_\_\_\_\_

Dept: \_\_\_\_\_ Div: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax#: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Interviewing Official(s): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Questions regarding this form and/or criminal history check results may be directed to:  
Barb Boggs (441-7519) or Doug Thorpe (441-7531), or by fax: 402-441-8748.*

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**For Personnel use only:**

**LPD & County Attorney Criminal History Checks Verified:** \_\_\_\_\_ (Initials) **Date:** \_\_\_\_\_

**Nebraska State Patrol Sex Offender Registry Verified:** \_\_\_\_\_ (Initials) **Date:** \_\_\_\_\_

**One Source Criminal History Checks Verified :** \_\_\_\_\_ (Initials) **Date:** \_\_\_\_\_

**ELIGIBLE FOR HIRE** \_\_\_\_\_ / **ELIGIBLE FOR HIRE, BUT NOT RECOMMENDED** \_\_\_\_\_ / **NOT ELIGIBLE FOR HIRE** \_\_\_\_\_

**NOT ALL CONVICTIONS LISTED ON APPLICATION** \_\_\_\_\_ / **APPLICANT UNDER AGE 16 (no information available)** \_\_\_\_\_

**Comments:** \_\_\_\_\_ **County Insurable** Yes \_\_\_\_\_ No \_\_\_\_\_