

City of Lincoln/Lancaster County Criminal History Check

7/1/2018

I understand that criminal history checks will be conducted on top applicants as a condition of employment. By signing and submitting this form you acknowledge that the information is true and complete to the best of your knowledge and that any false or incomplete information may be grounds for your not being employed by the City/County, or for your dismissal after beginning work.

Legal Last Name

Legal First Name

Middle Name

Male

Female

Any other **legal** name(s) by which you have been known (i.e. maiden name.)

Date of birth (For verification purposes only.) – Format: mm/dd/yyyy

Social Security Number – Format example: 999-99-9999

Email Address *please note – you may receive information from a third party administrator for this Criminal History Check process. Please provide your most frequently used email address

I understand that completion of the Criminal History Check form is considered part of the application process and that this document is an official City/County record maintained by the City of Lincoln/Lancaster County Human Resources Department. Falsifying personal information at the time of application may be grounds for rejection from the application process, and/or termination from employment.

As part of this background check, you may be asked to provide certain information, either electronically or in paper format:

1. All previous addresses for 7 years.
2. The names of all previous employers which you listed on your application to verify employment
3. All previous names or aliases by which you have been known.

Failure to provide information in a timely manner, failing to provide all requested information, or providing false information on your application or in the course of background investigation may be grounds for rejection from the application and/or termination from employment.

Your electronic signature and submission of this form acknowledges that you have read and understand the policy and authorizes the obtaining of reports by the City of Lincoln/Lancaster County. A copy of this form is available upon request.

Signature (Electronic)

Date

(Add additional page if needed.)

➤ To be completed by the Interviewing Official and emailed to applicant. See instructions on next page.

Please check: New Submission Resubmission Needs Driver's License
 Job Applicant Unclassified Worker Volunteer

Class Title for which you are hiring:

Requisition Number:

Department Name

Division

Phone#

FAX#

E-mail

Interviewing Official: Signature

For Human Resources' Use Only

LPD Criminal History Checks Verified: _____ (Initials) Date: _____

County Attorney Criminal History Checks Verified: _____ (Initials) Date: _____

Nebraska State Patrol Sex Offender Registry Verified: _____ (Initials) Date: _____

GIS Background Check Verified: _____ (Initials) Date: _____

____ Eligible for hire ____ Eligible for hire, but not recommended ____ Not eligible for hire

Comment:

Consumer Authorization

Authorization: By signing below, you authorize: (a) General Information Services, Inc. (“GIS”) to request information about you from any public or private information source; (b) anyone to provide information about you to GIS; (c) GIS to provide the City of Lincoln/Lancaster County one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau’s “Summary of Your Rights under the Fair Credit Reporting Act” is attached to this authorization. If you are a New York applicant, a copy of New York’s law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

Personal Information: Please print the information requested below to identify yourself for GIS.

Printed name:

First	Middle (<input type="checkbox"/> none)	Last
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Other names used: _____

Current and former addresses:

from Mo/Yr	current to Mo/Yr	Street	City, State & Zip
from Mo/Yr	to Mo/Yr	Street	City, State & Zip
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. GIS will not use it for any other purposes.

Date of birth	Social security number
Driver’s license number & state	Name as it appears on license

Report Copy: If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

Signature _____ Date

Consumer Disclosure

The City of Lincoln/Lancaster County, will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. These purposes may include hiring, contract, assignment, promotion, re-assignment, and termination. The reports will include information about your character, general reputation, personal characteristics, and mode of living.

We will obtain these reports through a consumer reporting agency. Our consumer reporting agency is General Information Services, Inc. GIS's address is P.O. Box 353, Chapin, SC 29036. GIS's telephone number is (866) 265-4917. GIS's website is at www.geninfo.com, where you can find information about GIS's international privacy practices.

To prepare the reports, GIS may investigate your education, work history, professional licenses and credentials, references, address history, social security number validity, right to work, criminal record, lawsuits, driving record, credit history, and any other information with public or private information sources.

You may obtain a copy of any report that GIS provides and GIS's files about you (in person, by mail, or by phone) by providing identification to GIS. If you do, GIS will provide you help to understand the files, including trained personnel and an explanation of any codes. Another person may accompany you by providing identification.

If GIS obtains any information by interview, you have the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed.

Please sign below to acknowledge your receipt of this disclosure.

Signature

Date

Printed Name