

# City of Lincoln/Lancaster County Criminal History Check

9/1/2015

**(Please print clearly!)**

I understand that criminal history checks will be conducted on the top applicant as a condition of employment. In order to perform such checks, law enforcement agencies require the following information:

<u>Legal Last Name</u>	<u>Legal First Name</u>	<u>Middle Name</u>
		<input type="radio"/> Male <input type="radio"/> Female
Any other <u>legal</u> name(s) by which you have been known (i.e. maiden name.)		
____/____/____	_____ - _____ - _____	
Date of birth (For verification purposes only.)	Social Security Number	

**Please read the following policy:**

I understand that ALL convictions for ANY violation (bad checks, failure to appear in court, failure to pay child support, reckless driving, DUI, refusing a sobriety test, driving on a suspended license, leaving the scene of an accident, failure to render aid, driving without insurance, fictitious plates, shoplifting or any offense for which you have paid a fine, including convictions that have been "set aside", "probationed", or "pardoned") must be listed on this form or attached sheet. Reporting of minor traffic violations is not required (i.e., parking ticket, speeding ticket.) 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 may result in automatic rejection under Lancaster County Personnel Rule 5.4(c) and Lincoln Municipal Code 2.76.230(d). Juvenile (17 years of age or less) misdemeanor convictions do not need to be listed.

I further 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.

Your signature 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	Date
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Conviction	Date & Location	Disposition
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

(Add additional page if needed.)

**➤ To be completed by the Interviewing Official (Please type or print clearly.)**

Please check:     New Submission     Resubmission  
 Job Applicant     Unclassified Worker     Volunteer

Class Title for which you are hiring:	Requisition Number:
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Department Name	Division	Phone#	FAX#
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E-mail	Interviewing Official: Signature
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**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: _____
One Source Background Check Verified:	_____ (Initials)	Date: _____
<input type="checkbox"/> Eligible for hire <input type="checkbox"/> Eligible for hire, but not recommended <input type="checkbox"/> Not eligible for hire <input type="checkbox"/> Omitted convictions		

Comment:



# APPLICANT DISCLOSURE AND AUTHORIZATION FORM

**[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION] DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

[Employer] ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing [Employer] to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **[One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645]**, another outside organization acting on behalf of [Employer], and/or [Employer] itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

<u>New York applicants or employees only:</u> You have the right to inspect and receive a copy of any investigative consumer report requested by [Employer] by contacting the consumer reporting agency identified above directly.
<u>Minnesota and Oklahoma applicants or employees only:</u> Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. <input type="checkbox"/>
<u>California applicants or employees only:</u> By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. <input type="checkbox"/>

PLEASE PRINT LEGIBLY

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other Names/Alias \_\_\_\_\_

Social Security\* #           Date of Birth\*

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

Present Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City/State/Zip \_\_\_\_\_

All Previous Addresses in the Last Seven Years \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\*This information will be used for background screening purposes only and will not be used as hiring criteria.

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if: (a) a person has taken adverse action against you because of information in your credit report; (b) you are the victim of identity theft and place a fraud alert in your file; (c) your file contains inaccurate information as a result of fraud; (d) you are on public assistance; (e) you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.**

**For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1 a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Ave, Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street SW, Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</p>



All designated fields must be completed or the request will be returned and not processed. Please type or print legibly. For information on how to register your organization go to: <http://dhhs.ne.gov/CFSCentralRegistry>

**ORGANIZATION INFORMATION**

Registered Organization ID Number	Registered Organization Name
<input type="text"/>	<input type="text"/>

**APPLICANT INFORMATION**

First	Middle	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Current Address

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

Applicant's E-Mail Address (Please leave the E-Mail field blank if you prefer to receive correspondence by U.S. Mail).

Other names, such as a maiden name, former married name, or nickname, used in the past 20 years:

Names and birthdates of your children and children who lived with you:

All previous addresses at which you have resided in the past 20 years (minimum City & State):

Please release the following information to the Organization listed above: (Check all that apply): .

Nebraska Child Abuse and Neglect Central Registry (CAN Registry)

1. Whether or not I am listed on the CAN Registry, and the following information regarding that listing:

- a. Date of the alleged child abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-720. (i.e., Agency Substantiated or Court Substantiated).

Nebraska Adult Protective Services Registry (APS Registry)

1. Whether or not I am listed on the APS Registry, and the following information regarding that listing:

- a. Date of the alleged adult abuse or neglect; and
- b. The classification of the case pursuant to Neb. Rev. Stat. 28-376. (i.e., Agency Substantiated or Court Substantiated).

This authorization is valid for a period of 6 months from the date of signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(NOTE: If Applicant is less than 19 years of age the notarized signature of Applicant's Legal Guardian is also required below in Section C).

**Section A - Verification of Identity of Applicant: Section A or B must be completed.**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
(Printed Name of Applicant) .

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public

**Section B - Verification of Identity of Applicant: Section A or B must be completed.**

The undersigned Organization employee hereby certifies that he or she has verified the identity of the Applicant by examining the Applicant's identification documents.

\_\_\_\_\_  
Signature of Organization Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Organization Employee

\_\_\_\_\_  
Signature of Applicant's Legal Guardian

\_\_\_\_\_  
Date

(NOTE: This signature is necessary only if Applicant is less than 19 years of age).

**Section C - Verification of Identity of Applicant's Legal Guardian (If applicable)**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } ss.

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
(Printed name of Applicant's Legal Guardian) .

\*Affix Official Notary seal here\*

\_\_\_\_\_  
Notary Public

Registered Organization ID Number