

Permission to Procure an Investigative Report

Please type or print legibly name as it appears on your driver's license.

FIRST _____ MIDDLE _____ LAST _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

Email _____ Phone: (Cell) _____ (Home) _____

Please list other names used and dates of name change in the last ten years:

FULL NAME _____ DATE _____

FULL NAME _____ DATE _____

DOB: ____/____/____ SSN: _____ - _____ - _____ MALE/FEMALE: _____

DRIVER'S LICENSE NUMBER _____ STATE _____

Have you ever been convicted of a crime? _____ If yes, please provide details of all convictions and locations of all convictions. Use other side if necessary. (A yes answer will not necessarily disqualify you from employment.)

Volunteer Employment NAME OF DEPARTMENT/SUPERVISOR: _____

RESIDENCES: Please list residences in the last 10 years

State _____ City _____ County _____ Years: _____ to _____

State _____ City _____ County _____ Years: _____ to _____

State _____ City _____ County _____ Years: _____ to _____

State _____ City _____ County _____ Years: _____ to _____

INVESTIGATIVE CONSUMER REPORT AUTHORIZATION

In connection with my application I understand that an investigative consumer report may be requested that may include information regarding my court records both civil and criminal, my driving records, educational and professional credentials, and personal and professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits, and reasons for termination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative report. I hereby release and discharge to the extent permitted by law, the NECC, its employees, any individual or agency obtaining information for the NECC, my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting, and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand and agree with the above.

Applicant or Parent/Guardian Signature _____ Date _____

Witnessed _____ Date _____