

CITY OF BLACK HAWK
BACKGROUND INQUIRY RELEASE

In connection with my application for employment with the City of Black Hawk, I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, are to be made on me. These inquiries may include information as to my personal character, abilities, work habits, residency, immigration status, performance, experience, worker's compensation history, medical background relevant to the job I am applying for, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that this employer and/or its agents may make inquiries, including but not limited to my criminal history, driving history, medical background, Social Security number verification, consumer credit history, education, professional licensing, and worker's compensation history. Furthermore, I understand that this employer and/or its agents may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, worker's compensation history, medical background, civil and other experiences.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and scope of this investigation, as well as the name of the reporting agency or sources of information.

I understand that according to the Equal Employment Opportunity Commission Regulations, I am entitled to know if employment is denied solely based on my worker's compensation history or any disability discovered in my medical background check. Upon written request, I will be given a copy of the information received regarding the worker's compensation history, or medical background check accompanied with an explanation of how either: (1) the potential hire posed a significant risk of substantial harm to the health or safety of the individual or others that could not be eliminated or reduced by reasonable accommodation and/or (2) the reason for rejection was job related and consistent with business necessity.

I authorize without reservation, any party (including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories) contacted by this employer and/or its agents to furnish any or all of the above-mentioned information. In addition, I hereby release it agents and the City of Black Hawk from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to this employer and/or its agents the above-mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be as valid as the original.

PRINT FULL NAME: _____

SOCIAL SECURITY #: _____

DATE OF BIRTH*: _____

DRIVER'S LICENSE: STATE: _____ NUMBER: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

PREVIOUS ADDRESS (ES) DURING THE PAST 5 YEARS:

APPLICANT'S SIGNATURE: _____

*DATE OF BIRTH is being requested for the purpose of identification in obtaining accurate retrieval of records and will not be used for discriminatory purposes.