NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT
ADM 33A

I, the undersigned consumer, do hereby authorize the City of Carrollton by and through its Human Resources Department and/or Recreation Department to procure a consumer report and/or investigative consumer report including, but not limited to a GCIC Background Check on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment and/or volunteer service with the City of Carrollton.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerning through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history; and other public record. I understand that I have a right to: (1) obtain a copy of any background check report; and (2) challenge the accurate and completeness of any information contained in any such report. I also understand that I may be required to submit a classifiable fingerprint card should an initial record check reveal that I have been convicted of, arrested for, or that I am currently charged with any of the enumerated offense herein.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to the City of Carrollton including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

Check enumerated offenses listed below if you have been arrested for, convicted of, or currently charged with any of the following:

( ) Simple or aggravated battery where the victim is a minor
( ) Cruelty to children; contributing to the delinquency of a minor
( ) Any sexual offense
( ) Violation of any Controlled Substance Act or a Habitual Offender of Alcohol.
( ) Murder or Felony Murder
( ) Criminal attempt to commit any above named offense
( ) Any other crime that bears upon his/her fitness to have responsibility for safety and well being of children

I understand that I am entitled to complete an accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to the City of Carrollton, if such is made within a reasonable time after the date hereof.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR BACKGROUND CHECK AND/OR CONUSMER REPORTING AGENCY (PLEASE PRINT OF TYPE)

_____	_____	_____	____/____/___	_____	_____
Social Security #*	Driver's License Number	State	**Date of Birth***	**Gender* (M or F)**	**Race***

_____	_____	_____
Type or Print Name (last, first, middle initial)	Other Names Used (alias, maiden, nickname)	Years Used

_____	_____
CURRENT ADDRESS: Street/P. O. Box City State Zip County	Dates Living Here

PLEASE LIST ALL ADDRESSES FOR THE LAST SEVEN (7) YEARS (If you need additional space, please use the back of this form)

_____	_____
Street/P. O. Box City State Zip County	Dates Lived Here
Street/P. O. Box City State Zip County	Dates Lived Here
Street/P. O. Box City State Zip County	Dates Lived Here

Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.

Revised 12/06/05 R/M/L/forms/ea