

VOLUNTEER BACKGROUND CHECK AUTHORIZATION AND RELEASE

Name: _____ DOB: _____

Address: _____
_____ SSN: _____

Phone: _____ Alternate/Cell: _____

Pursuant to the federal Fair Credit Reporting Act, I hereby authorize the City of Ashland and its designated agents and representatives to conduct a comprehensive review of my background through a consumer report and/or an investigative consumer report to be generated for employment, promotion, reassignment or retention as an employee. I understand the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of Social Security number; current and previous residences; employment history, including all personnel files; education; references; credit history and reports; criminal history, including records from any criminal justice agency in any or all federal, state or county jurisdictions; birth records; motor vehicle records, including traffic citations and registration; and any other public records.

Additionally, I authorize the complete release of these records or data pertaining to me that an individual, company, firm, corporation or public agency may have. I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge of me to furnish the City of Ashland or its designated agents with any and all information in their possession regarding me in connection with an application of employment. I am authorizing that a photocopy of this authorization be accepted with the same authority as the original.

I understand, pursuant to the federal Fair Credit Reporting Act, if any adverse action is to be taken based upon the consumer report, a copy of the report and a summary of the consumer's rights will be provided to me. **I will have (3) three business days to provide a written and signed statement to the City of Ashland Human Resources office refuting or correcting any report findings.** I also understand the Personnel Hiring Committee will review and make a final determination and notify me of the determination within three (3) business days after receipt of my written refute and/or corrections.

This authorization and release **shall be effective for a period of one (1) year from the date of signature.**

I hereby agree to perform the following volunteer services to the City of Ashland on the following date or dates:

As a volunteer I will not expect or intend to receive any kind of pay or compensation for the above services.

Printed Name of Volunteer Applicant Date Signature of Volunteer Applicant Date

For Internal Agency Use Only

Department (please print)	
Department Head (please print)	

Volunteer Approved: YES NO - please give reason (please print) _____

Department Head Signature _____ Date _____

Human Resources Director Signature _____ Date _____