

**PERSONAL & CRIMINAL HISTORY BACKGROUND CHECK CONSENT FORM**  
**COMPLIANCE WITH THE FCRA and the DPPA (Rev. 2)**



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Sex: \_\_\_\_  
Maiden or Other Names Used: \_\_\_\_\_ SSN: \_\_\_\_\_ Race: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
DOB: \_\_\_\_\_ Birth Place: \_\_\_\_\_ Valid Identifying Document: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_ Identifying Document Info: \_\_\_\_\_

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)  Yes  No If Yes, Please provide an explanation below:

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense?  Yes  No If Yes, Please provide an explanation below:

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense?  Yes  No If Yes, Please provide an explanation below:

4. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States?  Yes  No If Yes, Please provide an explanation below:

5. As of the date of this authorization, do you have any pending criminal charges against you?  Yes  No If Yes, Please provide an explanation below:

BELOW, LIST ALL CITIES AND STATES OF RESIDENCE SINCE AGE 18 OR HIGH SCHOOL GRADUATION. BE SPECIFIC ABOUT DATES OF RESIDENCE.

City: \_\_\_\_\_ State: \_\_\_\_\_ Dates – From: \_\_\_\_\_ To: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Dates – From: \_\_\_\_\_ To: \_\_\_\_\_  
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This authorization and consent for release of personal information acknowledges that Omni Business Solutions, Inc. (Hereafter referred to as "Company") and/or its agent, (Background check organization) may now, or at any time I am assigned to, volunteer with or am employed by this Company, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Secure search, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records. I understand that these searches will be used to determine work assignment or employment eligibility under the company's employ mentor volunteer policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from my employer who has contracted a Background Check organization. After reading this document, I fully understand its contents and authorize the background verification.

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS AUTHORIZATION IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT IF ANY INFORMATION PROVES TO BE INCORRECT OR INCOMPLETE THAT GROUNDS FOR THE CANCELING OF ANY AND ALL OFFERS OF EMPLOYMENT OR VOLUNTEER POSITIONS WILL EXIST AND MAY BE USED AT THE DISCRETION OF THE EMPLOYER.**

Applicant Name: \_\_\_\_\_

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

**Internal Use Only**

**Personal:**

County Residence  All Prior Cities  Multi State DB  ID Check  ID Trace  Credit  MVR  Education/Cert./Degree

**Prior Employment:**

Investigate  Verify  Work Comp.  Personal/Professional/Ref.  Other

**Government:**

Sex Offender  Civil  Federal  Patriot  Military