



Background Check Disclosure and Authorization Form

DISCLOSURE

In the interest of maintaining the safety and security of our citizens, customers, employees and property, St Johns County, Board of County Commissioners will order a consumer report, including an “investigative consumer report” (a background report) on you in connection with your employment application, and if you are hired, or if you already work for the County, may order additional background reports on you for employment purposes. The background check company, Medical Express Corporation, will prepare the background report for the County. Medical Express Corporation is located at 4237 Salisbury Road, Suite 304 Jacksonville, FL 32216 and can be reached at (800) 835-7738.

The background report may contain information concerning your character, general reputation, personal characteristics, and mode of living. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; verification of prior employment; reference, licensing and certification checks; and drug testing results. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by Medical Express Corporation or another outside organization. You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the St Johns County, Board of County Commissioners at (904) 209-0635. A summary of your rights under the Fair Credit Reporting Act is also available to you by selecting the link at the bottom of this form.

AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize St Johns County, Board of County Commissioners to order my background report, including investigative consumer reports. I understand that the County may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law. I also authorize the following agencies and entities to disclose to Medical Express Corporation and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; testing facilities; motor vehicle records agencies; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me.

The information that can be disclosed to Medical Express Corporation and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing. I agree the County may rely on this authorization to order background reports, including investigative consumer reports, from companies other than Medical Express Corporation without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of my personal information on this form is *true and correct* and understand that any dishonesty in completing this form will disqualify me from consideration for employment with the County, or if I am hired or already work for the County, that my employment may be terminated.

For Fair Credit Reporting Act information in an ADA compliant format please select the link: <http://www.ftc.gov/os/statutes/031224fcra.pdf>

Initial Here _____

AUTHORIZATION FOR BACKGROUND CHECKS

Last Name _____ First _____ Middle _____

Maiden/Other Names _____ Years Used _____

Social Security Number _____

Driver's License Number _____ State _____

FOR IDENTIFICATION PURPOSES ONLY: Date of Birth ____/____/____ (Month/Day/Year)

Current/Present Street Address

Street Address _____

City/State/ZIP _____

Prior From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Street Address _____

City/State/ZIP _____

Prior From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Street Address _____

City/State/ZIP _____

Prior From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)

Street Address _____

City/State/ZIP _____

Signature _____

_____/_____/_____ **Contact Phone Number** _____
Month Day Year