

Fifteenth Judicial Circuit
Acknowledgement, Authorization and Release for Background Check

The following information is required by law enforcement agencies for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Name as it appears on Driver's License: _____

Other Last Names Used (if any): _____

Driver's License No.: _____ State: _____

Date of Birth: _____ Social Security No.: _____ Gender: _____ Race: _____

Home Address: _____ City: _____ State: _____ Zip: _____

I hereby authorize, without reservation, the Fifteenth Judicial Circuit of Florida and the directors, officers, employees, and agents of the foregoing, and any party or agency contracted by the Fifteenth Judicial Circuit, as a condition precedent to employment within Court Administration of the Circuit or as a condition of continuing employment within Court Administration of the Circuit, to contact any of my previous employers, law enforcement agencies, government agencies, persons or educational institutions to supply any information concerning my background and for each entity listed above to release and furnish information. I furthermore release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form. To the best of my knowledge, all the information provided is accurate, true and correct. I attest that I fully understand the terms of this release.

In consideration of and in connection with my application for employment with Court Administration of the Circuit (including volunteering and contractual services) and as a consideration of continuing employment, I understand that an investigative criminal background inquiry will be performed on myself, including, but not limited to, criminal history, civil records history, driving record history, employment history and other such reports that may exhibit information of my character, performance, education and experience, along with reasons for termination of employment from previous employers, where such information exists. This research may be performed for information dating back as far as allowed by state and/or federal law governing such information. I understand that consenting to a background check does not guarantee employment. I further understand that an offer of employment is contingent upon, but not limited to, a satisfactory criminal background check and verification of information contained in the employment application, including references.

Print Full Name: _____

Applicant's Signature: _____ Date: _____

STATE OF _____	COUNTY OF _____
Subscribed and Sworn Before me This _____ Day of _____, 20__.	
By _____	<input type="checkbox"/> Personally Known to Me <input type="checkbox"/> Produced Identification
<i>NAME OF APPLICANT</i>	
Type of Identification Produced _____	Expires on _____
_____	<i>NOTARY SEAL</i>
<i>PRINTED NAME OF NOTARY</i>	

<i>SIGNATURE OF NOTARY</i>	
My Commission Expires _____	