

# Fifth Judicial Circuit

EMPLOYMENT BACKGROUND CHECK USE ONLY  
REQUEST FOR FINGERPRINTING SERVICES

**NAME:**

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Last

First

Middle

**ALIAS NAME(S):**

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Nickname and/or Maiden Name(s)

**PERSONAL INFORMATION:**

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Social Security Number

Date of Birth

State of Birth

Driver's License Number/ State

**CITIZENSHIP:**

**REASON FOR PRINTS:**

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- |                                |                                  |                                   |                                      |
|--------------------------------|----------------------------------|-----------------------------------|--------------------------------------|
| <input type="radio"/> Employee | <input type="radio"/> Contractor | <input type="radio"/> Interpreter | <input type="radio"/> Process Server |
| <input type="radio"/> Mediator | <input type="radio"/> Intern     | <input type="radio"/> Other _____ |                                      |

**ADDRESS:**

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Street Name

PO Box Number

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City

State

Zip Code

**PERSONAL IDENTIFIERS:**

<input type="radio"/> MALE	<input type="radio"/> FEMALE	<input type="radio"/> White (non-Hispanic)	<input type="radio"/> Black (non-Hispanic)	<input type="radio"/> Hispanic
		<input type="radio"/> Asian or Pacific Islander	<input type="radio"/> Native American	<input type="radio"/> Other (specify) _____

Sex

Race

<input type="radio"/> Blue	<input type="radio"/> Brown	<input type="radio"/> Gray	<input type="radio"/> Black	<input type="radio"/> Blonde	<input type="radio"/> Brown	<input type="radio"/> Sandy
<input type="radio"/> Green	<input type="radio"/> Hazel		<input type="radio"/> Red/Auburn	<input type="radio"/> Gray	<input type="radio"/> White	<input type="radio"/> Bald

Eye Color

Hair

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Height

Weight

<b>ORI</b>
<b>FL O35015J</b>

**PHONE NUMBER(S):**

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Home

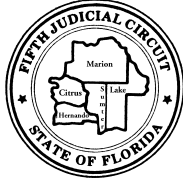
Work

Other

\*\*\*\*\*CIRCUIT 5 USE ONLY\*\*\*\*\*

DATE:  FDLE/FBI#  Hotfile#:

Member providing service: \_\_\_\_\_ Contact #: \_\_\_\_\_



Human Resources  
Background Check Authorization

Fifth Judicial Circuit

State of  
FLORIDA

**Background Check Authorization and Release of Information for Employment/Volunteer Purposes/Contractors/Process Servers or any registry appointment**

I hereby authorize the Fifth Judicial Circuit, State of Florida, and its designated agents and representatives, to conduct a comprehensive review of my background through a consumer report and/or investigative consumer report to be generated for employment, volunteer work, contractors, process servers, registry appointment, promotion, reassignment or retention as an employee. I understand the scope 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, military record, education, references, credit history and reports, criminal history, including records from any criminal justice agency in any or all the federal, state or county jurisdictions, birth records, motor vehicle records including traffic citations and registration and any other public records. Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States. I understand the Fifth Judicial Circuit uses E-Verify® in its hiring practices. I authorize the release of this information by the appropriate agencies to the investigating agencies. The Fifth Judicial Circuit may use outside agencies to obtain information during the background process. I understand that I must provide my date of birth to adequately complete said screening and acknowledge that my date of birth will not affect any hiring decisions. I also understand I may be required to take a drug test before or during employment.

**I understand that I have an ongoing duty to disclose any arrest to the Fifth Judicial Circuit. This includes any arrest which occurs during the entirety of my employment. Arrests must be disclosed immediately to Robin Hamel in Human Resources.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be requested. I understand that 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 rights will be provided to me.

**PLEASE PRINT CLEARLY AND SIGN AT THE BOTTOM**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Other Names or SSN Used: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ FL \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

May we contact your current employer:  Yes  No

List all addresses for past 7 years (  Check here if more on reverse)

\_\_\_\_\_  
Prior Street Address DATES: \_\_\_\_\_ - \_\_\_\_\_  
from to

\_\_\_\_\_  
Prior Street Address DATES: \_\_\_\_\_ - \_\_\_\_\_  
from to

**APPLICANT NOTIFICATION AND  
ACKNOWLEDGEMENT**

*This form shall be completed and signed by every applicant for background screening purposes. It is recommended that a copy of the signed acknowledgement be securely retained in the applicant's personnel file for the duration of their employment with the agency.*

I hereby authorize the Fifth Judicial Circuit to process a set of my fingerprints for the purpose of accessing and reviewing Florida and national criminal history records that may pertain to me to determine eligibility for employment or licensure. I understand the following:

- My fingerprints will be retained at the Florida Department of Law Enforcement (FDLE) and the Federal Bureau of Investigation (FBI) for the purpose of providing notice of any subsequent modifications to my criminal history record.
- A copy of any national criminal history record that may pertain to me can be obtained directly from the FBI.
- I am entitled to challenge the accuracy and completeness of any information contained in any such criminal history record pursuant to F.S. 943.056 and Title 28, CFR, Section 16.30-34.
- I am entitled, within a reasonable amount of time, to a determination as to the validity of my challenge before a final decision is made regarding my status as an employee, volunteer, contractor, or subcontractor if it is the sole factor precluding my employment or unescorted access to the secure facility.

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