



BACKGROUND CHECK AUTHORIZATION

After carefully reading this Background Check Disclosure and Authorization form, I authorize **the CITY OF HURST, TEXAS** to order my background report, including investigative consumer reports. I understand that the **CITY OF HURST, TEXAS** may rely on this authorization to order additional background reports, including investigative consumer reports during my volunteer period without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to VerifiedFirst 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; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker’s compensation injuries; all other private and public sector repositories of information; and any other person, organization or agency with any information about or concerning me. Worker’s compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws. The information that can be disclosed to VerifiedFirst and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree that the **CITY OF HURST, TEXAS** may rely on this authorization to order background reports, including investigative consumer reports, from companies other than VerifiedFirst without asking 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 the personal information I provided is true and correct.

PRINT: First Name Middle Name Last Name

Signature

Date Signed

Signature of Parent/Guardian IF applicant is under age 18

Date Signed