



## Employment Authorization and Disclosure

Gloucester County is committed to protecting the welfare and safety of area children and protecting County interests. Therefore, I authorize Gloucester County and/or the Gloucester County Public Schools to conduct a consumer report/criminal background check on me and to investigate all information provided below, including the following:

- Employment records/Employee references
- Criminal Background records/information
- Criminal background check/fingerprint
- Driver's license check
- Automobile insurance check
- Training/experience
- Personal references; addresses
- Social Services Central Registry check

PLEASE PRINT CLEARLY

Last Name		First Name		Middle Name		Maiden Name		Other Names Used			
Social Security #		Date of Birth		Place of Birth (State or Country)		Race		Sex		Driver's License # and issuing State	
- -		/ /									
Current Home Address (physical & mailing if different)				City		State		Zip Code		Phone Numbers	
										Day ( ) -	
Prior Addresses: Last 7 yrs (use back of form if more than 1)				City		State		Zip Code		Evening ( ) -	

☐

**I HAVE NOT BEEN** convicted of, or under pending charges(s) or indictment(s) for any crimes either within or outside the Commonwealth of Virginia.

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**I AM UNSURE** how to respond and I understand I need to contact the appropriate Human Resource Department within two (2) weeks.

I understand that any conviction or offense disclosed herein or discovered in the background check will be reviewed before I can be employed and that I will be notified by letter if employment or placement is not recommended. I understand that I may request a copy of my consumer report/criminal background check and a summary of my rights under the Fair Credit Report Act by contacting the appropriate Human Resources Department. I further understand that false or misleading information given in my application may prevent or terminate my employment. I understand that I am required to abide by all applicable rules and regulations of the County of Gloucester and its Departments and/or Gloucester County Public Schools. I also understand that I am required to notify the appropriate Gloucester County Human Resource Department within 24 hours of the time that I am notified, or am aware, that I am the subject of a criminal investigation by law enforcement or a child protective services investigation by any Department of Social Services.

I certify and affirm that I am not now, nor have I ever been, the subject of a founded child protective services investigation, or any similar such investigation, conducted by the Department of Social Services in Virginia, or by a similar agency in any other state or country.

I further certify and affirm that answers provided on this application are true and complete.

\_\_\_\_\_  
Signature of Employment Applicant

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

For HR Use Only:

Name of Employing Department: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_