

## Disclosure and Waiver – Outside Background Check



City of Sierra Madre  
Human Resources Department  
232 W. Sierra Madre Blvd.  
Sierra Madre, CA 91024  
(626) 355-7135 Fax (626) 355-2251  
www.cityofsierramadre.com

To Comply With The Investigation Consumer Reporting Agencies Act [Cal. Civ. Code, §§ 1786.10, 1786.16]

I, \_\_\_\_\_ (print name), have submitted a job application with the City of Sierra Madre. I am aware and acknowledge that the City of Sierra Madre may conduct a background investigation for employment purposes and obtain an investigative consumer report as part of the application process. I further acknowledge that the City of Sierra Madre's purpose in seeking an investigative consumer report regarding me is to evaluate my qualifications and suitability for employment with the City of Sierra Madre.

I am aware that the investigative consumer report may contain information regarding **MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING** discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I am aware that the investigative consumer report will be made by Kroll Background America, Inc. ("Kroll"), 1900 Church St., Suite 300, Nashville TN 37203, 800-697-7189. I acknowledge that I have the right to request Kroll to provide me with a copy of the report and to make its files regarding me available for inspection. I understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et seq.

In connection with the job application process only, I authorize the City of Sierra Madre to procure an investigative consumer report regarding me for employment purposes. I further authorize all of my current/former employers and references to release information to the City of Sierra Madre regarding my current and past employment.

I also authorize all current and former employers and/or their agents to respond candidly to verbal and/or written inquiries from the City of Sierra Madre regarding my employment record, including but not limited to: job positions held, dates of employment, beginning and ending pay rates; disciplinary records, including any records which have been sealed as part of a settlement; reason(s) for ending prior employment, and work performance records including information regarding reliability, incidents of dishonesty, insubordination, violence and/or unsafe behavior and harmful or threatening behavior.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to the City of Sierra Madre and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize the City of Sierra Madre to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the City of Sierra Madre.

I agree that this disclosure and waiver shall remain valid for the duration of my employment with the City of Sierra Madre. I certify that the information contained on this Disclosure and Waiver form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

**I consent to the City of Sierra Madre accessing my personnel files and authorize the City of Sierra Madre to obtain a copy of my personnel files from all of my current and former employers.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

This authorization expires: \_\_\_\_\_.

### Authorization of Background Investigation

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Kroll Background America, Inc. ("KBA"), and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may, as allowed by law, obtain additional background reports pertaining to me, without asking for my authorization again, throughout my employment or contract period from KBA and/or other consumer reporting agencies.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize all of the following, without limitation, to disclose information about me to the consumer reporting agency and its agents: law enforcement and all other federal, state and local agencies, learning institutions (including public and private schools, colleges and universities), testing agencies, information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and all other individuals and sources with any information about or concerning me. The information that can be disclosed to the consumer reporting agency and its agents includes, but is not limited to, information concerning my employment and earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the Company.

☐ **California, Minnesota or Oklahoma applicants only:** Please check this box if you would like to receive (whenever you have such right under the applicable state law) a copy of your background report if one is obtained on you by the Company.

Applicant Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

### **IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used \_\_\_\_\_ Years Used \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

Former Address: \_\_\_\_\_  
Street /P. O. Box      City      State      Zip Code      County      Dates

\*Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender \_\_\_\_\_

\* This information will be used only for background screening purposes and will not be taken into consideration in any employment decisions.

## IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
OTHER NAMES USED \_\_\_\_\_ YEARS USED \_\_\_\_\_

### Employment Verification (HR)

\_\_\_\_\_ Do Not Contact (Only valid for current employer)  
\_\_\_\_\_ Contact Current Employer

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Position Held: \_\_\_\_\_

- Failure to provide all necessary information, or inaccurate information, may result in a negative verification.
- If any employment was through a temporary staffing company or contract agency, provide the name, address and telephone number for that agency, and not the information from the temporary assignment.
- If the applicant has worked for the same employer during different time frames, enter the most recent dates and job title into the Position Held and Dates Employed fields. Additional dates and title information should be entered into the Additional Comments field below.

### ELECTION TO RECEIVE/NOT RECEIVE COPY OF INVESTIGATIVE CONSUMER REPORT

- ☐ I wish to receive a copy of any investigative consumer report that is prepared. I understand that a copy of the report will be provided to me within three (3) business days of receipt of the investigative consumer report by the City of Sierra Madre
- ☐ I do **NOT** wish to receive a copy of any investigative consumer report that is prepared.

APPLICANT NAME (PRINT) \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

[Cal. Civ. Code, § 1786.16, subd. (b)(1)]

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville TN 37203 and may be contacted at 800-697-7189.

Waiver and Release of Information – Non-Sworn

# Applicant Release and Waiver



**City of Sierra Madre**  
Human Resources Department  
232 W. Sierra Madre Blvd.  
Sierra Madre, CA 91024  
626.355.7135

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ (Print Applicant's Name), have submitted a job application with the City of Sierra Madre. Under California Labor Code section 1198.5, I am entitled to access and review my personnel records. Section 1198.5 states in part:

- (a) Every employee has the right to inspect the personnel records that the employer maintains relating to the employee's performance or to any grievance concerning the employee.
- (b) The employer shall make the contents of those personnel records available to the employee at reasonable intervals and at reasonable times.

I also authorize all current and former employers and/or their agents to respond candidly to verbal and/or written inquiries from the City of Sierra Madre regarding my employment record, including but not limited to: job positions held; dates of employment; beginning and ending pay rates; disciplinary records, including any sealed records; reason(s) for ending prior employment; and work performance records including information regarding reliability, incidents of dishonesty, insubordination, violence and/or unsafe behavior and harmful or threatening behavior.

**RELEASE OF LIABILITY**

I hereby release, discharge, exonerate any and all current and former employers and their agents who furnish reference information to the City of Sierra Madre from any and all liability of every nature arising out of the furnishing of information and inspection of any documents. This release shall be binding on my legal representatives, heirs and assigns.

**This authorization and release will expire one (1) year after the date signed.** A photocopy of this authorization and release is to be considered as valid as an original.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_