

# VERIFICATION ORDER FORM

Print Clearly

Date sent to Employers Council xx/xx/xx

|  |   |                           |                            |
|--|---|---------------------------|----------------------------|
| Member Name<br><b>City of Rawlins, a Wyoming Municipal Corporation</b> |   | Member #<br><b>165013</b> |                            |
| Member Mailing Address City/State/Zip                                  |   |                           |                            |
| Attention<br>Amy Bach  | E-mail address<br>Amybach@rawlins-wyoming.com | Phone<br>307.328.4515     | Fax<br><b>307.328.4580</b> |

Pre-Employment Screening is a "for fee" service of Employers Council provided through Employers Council Services, a wholly owned subsidiary of Employers Council.

Complete & Fax to 303-861-5738 or Email to [zahern@EmployersCouncil.org](mailto:zahern@EmployersCouncil.org) or submit on-line at <https://EmployersCouncil.instascreen.net>

Note: To submit order on-line contact [zahern@EmployersCouncil.org](mailto:zahern@EmployersCouncil.org) for a user id & password.

|  |                         |                               |
|--|-------------------------|-------------------------------|
| Search can be done using current <b>and</b> other name(s) previously used, such as maiden names and aliases used <u>WITHIN THE LAST 7 YEARS.</u> |                         | Date of Birth                 |
| <b>Current Full Name:</b>  |                         | Social Security Number        |
| <b>Previous Alias Used:</b>  |                         | Telephone                     |
| Applicant's Current Address<br>City/State/Zip  |                         |                               |
| Job Applied For  |                         |                               |
| Email Address  | Driver's License Number | State Driver's License Issued |
| Attached with this request: <input type="checkbox"/> Disclosure & Authorization <input type="checkbox"/> Employment Application                  |                         |                               |

Please check boxes for requested screenings:

\*Birthdate & SSN needed to confirm identity

|   |   |   |   |
|---|---|---|---|
| A   | <input type="checkbox"/> <b>Statewide COUNTY Court Criminal*</b><br>7 year search<br><i>Includes Felony &amp; Misdemeanor Records</i> | G | <input type="checkbox"/> <b>Education Verification*</b>   |
|   | List state(s) - <i>Not Available in all States-See Price List</i>   |   | List Institution / City / State   |
| B   | <input type="checkbox"/> <b>County Court Criminal*</b> 7 year search<br>Searched on an <b>INDIVIDUAL</b> County Court basis           | H | <input type="checkbox"/> <b>Motor Vehicle*</b>  |
|   | List city & state   |   | State _____ Lic. # _____  |
| C   | <input type="checkbox"/> <b>Statewide FEDERAL Court Criminal*</b> 7 year search   | I | <input type="checkbox"/> <b>Professional References</b>   |
| List state - <i>NATIONAL Federal Court also available</i> | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3  |   |   |
| D   | <input type="checkbox"/> <b>Employment Verification*</b><br>Contact Current Employer? _____   | J | <input type="checkbox"/> <b>Personal References</b>   |
| E   | <input type="checkbox"/> <b>Trak Report-Person Search*</b>  |   | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 |
|   | <input type="checkbox"/> <b>EXPANDED Trak Report*</b>   | K | <input type="checkbox"/> <b>Other</b>   |
| F   | <input type="checkbox"/> <b>National Sex Offender Registry*</b>   |   |   |
|   | <input type="checkbox"/> <b>Global Security Watch List*</b>   |   |   |

• Please Check Box for Employment Drug and Alcohol Testing Information

• Please Check Box for Pre-Employment Skills Testing & Behavioral Assessment Information

## AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of these documents.

**The City of Rawlins, a Wyoming Municipal Corporation** ("the Company") may obtain information about you for employment purposes from the following consumer reporting agency ("the Agency"), Employers Council, PO Box 539, Denver, CO 80201, toll free 800-884-1328.

By signing below, I hereby voluntarily authorize **the City of Rawlins** to obtain either a consumer report or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my employment at **the City of Rawlins**. I understand that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

I voluntarily authorize all persons, including current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, and municipal, state, and federal courts to release information they may have about me to **the City of Rawlins**. I understand that if I am employed by **the City of Rawlins**, this authorization shall remain in effect throughout my employment. This report may be delivered in either written or electronic form.

California applicants or employees only:

Please check this box if you would like to receive a copy of an investigative consumer report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law. By signing below you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW.

Massachusetts, and New Jersey applicants or employees only:

You have the right to inspect and promptly receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly.

Minnesota applicants or employees only:

You have the right, upon written request to the Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. The Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later. Please check the box if you would like to receive a copy of a consumer report if one is obtained by the Company.

New York applicants or employees only:

You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oklahoma applicants or employees only:

Please check this box if you would like to receive a copy of any report if one is obtained by the Company.

Pennsylvania applicants or employees only:

By signing below you acknowledge that consideration of a criminal record will be tailored to the requirements of the job.

Washington applicants or employees only:

You have the right to receive a complete and accurate disclosure of the nature and scope of any investigative consumer report as well as a written summary of your rights and remedies under Washington law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

## FAIR CREDIT REPORTING ACT

### DISCLOSURE REGARDING BACKGROUND INVESTIGATION

As an applicant for employment or a current employee of **City of Rawlins**, you are a consumer with rights under the Fair Credit Reporting Act. In the event any of the following circumstances exist, **City of Rawlins** may choose to obtain and use information contained in either a consumer report or an investigative consumer report from a consumer reporting agency about you when: (1) considering your application for employment, (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment (if you are hired), or (4) making other employment-related decisions directly affecting you.

Our *consumer reporting agency* is Employers Council. at PO Box 539, Denver, CO 80201, toll free 800.884.1328, which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer information on consumers for the purpose of furnishing consumer reports to others, such as **City of Rawlins**.

A *consumer report* means any written, oral or other communication of any information by a consumer reporting agency bearing on your character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An *investigative consumer report* means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

*NOTE: Please submit the FCRA Disclosure & Authorization to Employers Council when submitting a screening order.*

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I voluntarily authorize all persons, including current and former employers and supervisors, educational institutions, law enforcement agencies, motor vehicle departments, and municipal, state, and federal courts to release information they may have about me to **City of Rawlins** I understand that if I am employed by **City of Rawlins** this authorization shall remain in effect throughout my employment. This report may be delivered in either written or electronic form.

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**Signature**

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**Date**

---

**Printed Name**

---

**Email Address**

---

**Social Security Number**

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**Date of Birth**

## Notice of State Rights

**California applicants or employees only:**

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Signature

Date