



(Use this form for age 18 years old and older)

Background Check

AUTHORIZATION FOR RELEASE OF BACKGROUND INFORMATION INCLUDING: EDUCATIONAL VERIFICATION, BACKGROUND INFORMATION, CRIMINAL ARREST HISTORY, SEX OFFENDER REGISTRY, CHILD ABUSE REGISTRY, DEPENDENT ADULT REGISTRY AND D.O.T. DRIVING RECORDS

You are hereby authorized to give to the _____ of the City of Clinton, Iowa, or their appointed agent or agents, any information considered by you to be confidential, which you have personal knowledge of, or is contained in files and records maintained by you, concerning my records as listed above. It is fully understood by me that a confidential relationship exists between the City of Clinton, Iowa and me, and that this confidential material or information given by you to them will be held in confidence by them. You are authorized to accept a photocopy of this authorization and give it full force and effect as the original.

"YES" answers to the following three (3) questions will not necessarily result in denial of acceptance of application. The city will consider all the circumstances, including the date and nature of events that led to the actions described below. Your written explanation will assist us in determining your eligibility and suitability. Please note that failure to provide complete, truthful and accurate information will most likely lead to denying acceptance of your application, or immediate termination upon the discovery of incorrect, false or inaccurate information.

A. CRIMINAL OR CIVIL CHARGES: Have you ever been convicted of, admitted committing, pleaded no contest or are you awaiting trial for any crime (excluding only minor traffic violations that do not involve any allegations of alcohol, drugs or reckless driving) or have any civil charges filed against you previously or currently pending involving allegations of child abuse or spousal abuse? You must answer "YES" even if the matter was later dismissed, deferred, reversed or vacated. If you answer "YES" to any of the following, on a separate sheet of paper, attach and provide an explanation including dates of the proceedings, the name and address of the court and/or employer or licensing body where the proceedings occurred, a statement of the accusation against you, and the final disposition of the matter.

☐ No ☐ Yes **If yes,** attach a separate sheet for explanation.

B. EMPLOYMENT DISMISSAL OR TERMINATION: Have you ever been dismissed, fired or terminated from any job or resigned at the request of or pressure from your employer or left employment while charges or an investigation of your behavior was pending or have you been refused tenure, reappointment or a contract from any employer? You must answer "YES" even if the matter was later resolved with any form of settlement or severance agreement, regardless of the terms. If you answer "YES" you must provide the date of termination or resignation and other action concerning tenure, reappointment or continuing contract denial, and the name, address and telephone number of the employer(s) and a statement of the alleged reasons for termination or resignation.

☐ No ☐ Yes **If yes,** attach a separate sheet for explanation.

C. LICENSE/CERTIFICATION REVOKED: Have you ever had any license or certificate of any kind (teaching license or other professional license) revoked, suspended or reprimanded or have you in any way been sanctioned or is any charge or complaint now pending against you before any licensing, certification or other regulatory agency or body, public or private? If you answer "YES" you must provide the dates of any proceedings, name, address and telephone number of the agency or body or employer and where any proceedings took place, a statement of the accusations against you, the final disposition, and/or current status of the charge or complaint.

☐ No ☐ Yes **If yes,** attach a separate sheet for explanation.

VERIFICATION STATEMENT

I hereby certify that the information in this Application is true, correct, and complete to the best of my knowledge. I certify that I have answered all questions to the best of my ability and I have not withheld any information that would unfavorably affect my application.

I also understand and acknowledge:

- Any misrepresentation or omission of any fact whenever discovered in my application, this background check, &/or any other materials or during any interviews, may be the cause for the rejection of my application or may result in my subsequent immediate dismissal.
- The statements on this document will become part of my permanent record.
- An acceptance of my application is conditioned upon the completion of a satisfactory background check.
- With my signature on this document, I give permission to the City of Clinton to conduct this background information process.

PRINTED NAME

Position(s) Applied For

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

DRIVERS LICENSE #

DATE OF BIRTH

GENDER

RACE

SIGNATURE OF APPLICANT

DATE

WITNESS

OFFICE USE: Sent by _____ Date _____ Return date _____ By _____