



## FIRE DISTRICT NUMBER THIRTEEN, INCORPORATED

2505 Lees Chapel Rd.  
Greensboro, NC 27405  
<http://www.firedistrict13.com> | (336) 375-5507

### Release Authorization Form

#### DISCLOSURE - NOTICE REGARDING BACKGROUND INVESTIGATION

Fire District Number Thirteen, Incorporated ("the Department") may obtain information about you from a consumer reporting agency for employment, or volunteering purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, or allowed to volunteer with the Department, throughout your employment, or volunteer time.

You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. The most common form of investigative consumer report obtained with regard to applicants for employment, or volunteering is an investigation into your criminal history conducted by Background Information Bureau, ("BIB") who may be reached at by phone at (877) 439-3900. Other types of information that may be obtained include but are not limited to social security number verification, sex offender registry checks, criminal records checks, inmate records searches, motor vehicle records, and court records checks. The information contained in these consumer reports may be obtained by BIB from public record sources and will not be used to discriminate against you in violation of any law.

The scope of this Disclosure and Authorization is all-encompassing, allowing the Department to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, or allowed to volunteer, throughout the course of your employment, or volunteering to the extent permitted by law.

#### CRIMINAL MONITORING

If you are allowed to volunteer, or work for this fire department, this fire department will check your name and DOB against daily updated criminal records to ensure that you have not broken the law.

By signing below, I consent to allow the fire department to place my Name and Date of Birth on such a list, and monitor my criminal activity.

**NOTE: THE DEPARTMENT WILL NOT PREFORM PERSONAL CREDIT CHECKS, OR REVIEW YOUR CREDIT NUMBERS, OR REVIEW YOUR CREDIT HISTORY WITHOUT FURTHER DISCLOSURE.**

Under North Carolina law, a person can refuse to allow the fire department to obtain a criminal history report; but please understand that the same law allows the fire department to terminate the person's volunteer membership, employment status, potential employment, or potential volunteer status with the fire department for the refusal.

#### AUTHORIZATION AND ACKNOWLEDGMENT

I acknowledge receipt of the "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and certify that I have read and understand this document. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment, or volunteering. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, military branch, institution, information service bureau, and/or other entity to furnish any and all criminal background information requested by BIB, additional third-party organizations acting on behalf of Employer, and/or Employer itself.

I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.



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SIGNATURE PAGE TO FOLLOW

**\*\*\* PLEASE PRINT CLEARLY \*\*\***

Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

List any other name used in the last 7 years (*Maiden name*) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Gender: Male or Female Race: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month / Day / Year

Fire/Rescue/EMS Department: **Fire District Number Thirteen, Incorporated**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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