



City of Rockwall
The New Horizon

DISCLOSURE AND AUTHORIZATION - FOR CHILD CARE EMPLOYEE LICENSE

In connection with my application for employment (including contract or volunteer services) with

CHILD CARE CENTER NAME: _____

ADDRESS OF CHILD CARE CENTER: _____

The following information is being requested in order to conduct a background check on you:

Full Name: _____

Other names you have used: _____

Mailing Address 1: _____

Address City State Zip County

Mailing Address 2: _____

Address City State Zip County

Email Address: _____ **Contact phone#** _____

Social Security No.: _____ **; Date of Birth:** _____

Driver's License No.: _____ **; State of Issue:** _____

Criminal background check.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY THE CONSUMER REPORTING AGENCY TO OBTAIN AND FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to the consumer reporting agency: First Check Applicant Screening, P.O. Box 92033, Southlake, TX 76092, telephone number (888) 588-2525, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including the sources of information and the agency, on our behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any consumer report(s); and the recipients of any reports on me which the agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request. I hereby consent to your obtaining the above information from the agency.

I HEREBY AUTHORIZE PROCUREMENT OF CONSUMER REPORT(S) AND INVESTIGATIVE CONSUMER REPORT(S).

Signature

Date