

## Background Request Form

You must return original with your signature

Nassau County Office of Emergency Management pre-screens all RACES Volunteers. This policy was enacted to comply with FEMA recommendations and ensure a professional working environment, as well as, for the protection of sensitive/ confidential information. Please answer the following questions below and sign and date the release on the bottom of the page.

**APPLICANT NAME:** (first) \_\_\_\_\_/(middle) \_\_\_\_\_/(last) \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**ALIASES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_  
Street City State Zip Country

**PREVIOUS ADDRESS:** \_\_\_\_\_

(List all previous address in the last 7 years. Use additional pages if necessary.)

**DRIVER'S LICENSE:** (number/state) \_\_\_\_\_ / \_\_\_\_\_

**DATE OF BIRTH:** (month/date/year) \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**UNIVERSITY/COLLEGE ATTENDED:** \_\_\_\_\_

School City/State

**DEGREE REC'D:** \_\_\_\_\_ **YEAR CONFERRED:** \_\_\_\_\_

**1. HAVE YOU EVER BEEN CONVICTED OF A CRIME?** \_\_\_\_ YES \_\_\_\_ NO

(If YES, please explain on a separate sheet. Please indicate in which city and state these offenses occurred)

**2. HAVE YOU EVER RECEIVED DEFERRED ADJUDICATION OF ANY CRIME? THIS INCLUDES ANY PRE-TRIAL DIVERSION PROGRAM.** \_\_\_\_ YES \_\_\_\_ NO

(If YES, please explain on a separate sheet. Please indicate in which city and state these offenses occurred)

*I understand that in connection with the application process, Nassau County Office of Emergency Management will conduct a background check on me. The information provided by me will be the basis for the search of public records, which may include, but not be limited to, a search for criminal arrests/convictions, warrants, civil filings, social security number trace, past employment, bankruptcies, department of motor vehicle records, fictitious business filings, degree confirmation, articles of incorporation/limited partnership records, and drug test.*

*I indemnify and hold harmless, Nassau County Office of Emergency Management, and any person providing the requested information, from any liability and all damages whatsoever, resulting from the acquisition, use, retention, or disclosure of any such information. I will not hold Nassau County Office of Emergency Management, or their employees, or agents responsible for errors or inaccuracies in the acquisition or transmittal of information pertaining to the verification of my background.*

*If any adverse decision is made with regard to my application or employment (if any) based entirely or in part on the information contained in the consumer report, I understand I will be notified as to the basis of that decision and given a copy of the report, as well as a summary of my applicable rights.*

*I have provided complete and truthful information to the Nassau County Office of Emergency Management and fully understand that any misrepresentations or material omissions concerning the information provided will be grounds for denying my application, withdrawing any offer, or immediate discharge.*

*My signature below indicates I have carefully read and understand this notice and consent to the release of a consumer report to Nassau County Office of Emergency Management for RACES volunteer purposes either in connection with my RACES application, or in connection with any future decisions concerning my, retention as an RACES volunteer. I understand my consent remains in effect indefinitely until it has been revoked in writing.*

Signature: \_\_\_\_\_

Candidate's Signature/ Consent Date

Statements:

REQUESTED BY: \_\_\_\_\_ Date \_\_\_\_\_