

**Nineteenth Judicial Circuit  
Acknowledgement, Authorization and Release for Background Check**

The following information is required by law enforcement agencies for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

Name as it appears on Driver's License: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

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

Please list any additional states in which you have resided: \_\_\_\_\_

I hereby authorize, without reservation, the Nineteenth Judicial Circuit of Florida and its directors, officers, employees, and agents, and any party or agency contracted by the Nineteenth Judicial Circuit, as a condition precedent to employment within the Nineteenth Judicial Circuit or as a condition of continuing employment within the Nineteenth Judicial Circuit, to contact any of my previous employers, law enforcement agencies, government agencies, persons or educational institutions to supply any information concerning my background and for each entity listed above to release and furnish information. I furthermore release and hold harmless all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in original, fax or copy form. To the best of my knowledge, all the information provided is accurate, true and correct. I attest that I fully understand the terms of this release.

In consideration of and in connection with my application for employment with the Nineteenth Judicial Circuit (including volunteering and contractual services) and as a consideration of continuing employment, I understand that an investigative criminal background inquiry will be performed on myself, including, but not limited to, criminal history, civil records history, driving record history, employment history and other such reports that may exhibit information of my character, performance, education and experience, along with reasons for termination of employment from previous employers, where such information exists. This research may be performed for information dating back as far as allowed by state and/or federal law governing such information. I understand that consenting to a background check does not guarantee employment. I further understand that an offer of employment is contingent upon, but not limited to, a satisfactory criminal background check and verification of information contained in the employment application, including references.

Print Full Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Subscribed and Sworn Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_.

By \_\_\_\_\_ Personally Known To Me \_\_\_\_\_ Produced Identification \_\_\_\_\_  
**NAME OF APPLICANT**

Type of Identification Produced: \_\_\_\_\_ Expires on: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF NOTARY**

\_\_\_\_\_  
**PRINTED NAME OF NOTARY**

My Commission Expires: \_\_\_\_\_