

**AUTHORIZATION FOR BACKGROUND CHECKS**

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden/Other Names \_\_\_\_\_ Years Used \_\_\_\_\_

**If you live or work for the Company in California, Minnesota or Oklahoma:** Check this box if you would like a free copy of your background check report:

Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

If required, notarize here. When using an embossed seal,  
please shade with a pencil before faxing.

Subscribed and sworn before me:

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

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

**BACKGROUND CHECK INFORMATION:**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Prior Street Address \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_



Department of Public Safety  
 Vermont Criminal Information Center  
 103 South Main Street  
 Waterbury, VT 05671-2101

**PUBLIC REQUEST FOR CRIMINAL CONVICTION INFORMATION**

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY FEE: \$30 PER REQUEST - NO PERSONAL/BUSINESS CHECKS Reply will be mailed in 5 - 7 working days - A SELF ADDRESSED, STAMPED, RETURN ENVELOPE IS REQUIRED TO FACILITATE RETURN OF YOUR REQUEST

WE ARE A VULNERABLE POPULATIONS AGENCY. OUR AGENCY CODE IS:

NAME TO BE CHECKED: TYPE OR PRINT LEGIBLY

LAST NAME FIRST NAME MIDDLE INITIAL

DATE OF BIRTH (REQUIRED) Month / Day / Year  MALE  FEMALE SOCIAL SECURITY NUMBER (OPTIONAL)

ALIAS NAMES (IF APPLICABLE)

PURPOSE OF REQUEST: (CHECK ONE)

PERSONAL REVIEW  FOREIGN TRAVEL/IMMIGRATION  MILITARY  
 ADOPTION  CIVIL COURT PROCEEDING  PARDON  
 CHILD CUSTODY  LICENSING  
 EMPLOYMENT  HOUSING  
 OTHER: INDICATE REASON FOR REQUEST IF OTHER THAN OPTIONS ABOVE

**ACCESS TO CRIMINAL CONVICTION INFORMATION TERMS AND CONDITIONS**

The following information is REQUIRED in order to successfully process your request. Requestor MUST initial each line, fill out requestor information and sign below.

In accordance with Title 20, Chapter 117, Section 2056(e), which governs the release of criminal conviction information to the public, I understand:

- LH Alteration or modification of any report received as a result of this request is strictly prohibited by law.
- LH Disclosure of the contents of this criminal conviction report to anyone other than the subject of the record or properly designated employees of any agency with a documented need to know the contents of the record is prohibited.
- LH No person entitled to receive a criminal conviction record shall require an applicant to obtain, submit personally or pay for a copy of his or her criminal conviction record.

**REQUESTOR INFORMATION**

Name: Lesa Hinkley, Human Resources, HCRS Street Address: 390 River Street

City: Springfield State: VT Zip: 05156 Telephone Number: 802-886-4567 x 2148

Signature of Requestor Date (Mo/Day/Year)



# RELEASE OF MOTOR VEHICLE RECORDS

(Pursuant to RSA 260:14)



## NH DEPARTMENT OF SAFETY Division of Motor Vehicles

10 Hazen Drive, Concord, NH 03306

Tele: Driver Records (603) 271-2322  
 Registration (603) 271-2251  
 Repro (603) 271-2128  
 Title (603) 271-3111  
 Fax (603) 271-1081 (all areas)

Form DSMV 505 (Rev. 07/03)

<p><b>I. Requested Information: Are you requesting:</b></p> <p>A. <input type="checkbox"/> Your Motor Vehicle Record?</p> <p>B. <input checked="" type="checkbox"/> Another person's Motor Vehicle Record?  <small>The back of this form must be completed and attached.</small></p> <p>C. <input type="checkbox"/> Another person's Motor Vehicle Record as an authorized agent of your employer or a company?  <small>A Certificate of Authority must accompany this request, or one must be on file with the Division of Motor Vehicles.</small></p>	<p><b>II. Requestor Information:</b></p> <p>Name of Requestor: <u>Lea Hinkley</u></p> <p>Employer/Company (if applicable): <u>Health Care &amp; Rehabilitation Services of Southeastern VT</u></p> <p>Address: <u>300 River Street</u> City: <u>Springfield</u> State: <u>VT</u> Zip: <u>05158</u></p> <p>Tele #: <u>802-686-4567 x 2148</u></p>
<p><b>III. Requested Records:</b></p> <p><input checked="" type="checkbox"/> Driver Record (Certified copy): \$ 10.00</p> <p><input type="checkbox"/> Driver Record (Non-Certified copy): \$ 8.00</p> <p><input type="checkbox"/> Driver Record (Insurance copy): \$ 8.00</p> <p><input type="checkbox"/> Registration Listing (Current Information Only): \$ 5.00</p> <p><input type="checkbox"/> Registration (Certified copy): \$ 10.00</p> <p><input type="checkbox"/> Title Search: \$ 20.00</p> <p><input type="checkbox"/> License Applications and Letters of Verification: \$ 10.00</p> <p><input type="checkbox"/> Insurance Card (Accident use only): \$ 1.00</p> <p><input type="checkbox"/> Accident Report (Requester will be notified of cost): \$ 1.00 per page (\$5.00 minimum)</p> <p><input type="checkbox"/> Other: _____ : \$ _____</p> <p><b>Make checks payable to "State of NH - DMV"</b></p>	<p><b>IV. Intended Use of Information:</b></p> <p><b><u>IMPORTANT: To be completed only if you checked Box C above</u></b></p> <p><input type="checkbox"/> For use in connection with any civil, criminal, administrative or arbitral proceeding.      Docket # _____ Court: _____ [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> By a bank or similar institution to verify the accuracy of personal information submitted by the individual to the bank [RSA 260:14 V (a)(3)].</p> <p><input type="checkbox"/> For providing notice to the owner(s) of a towed or impounded vehicle [RSA 260:14 V (a)(5)].</p> <p><input type="checkbox"/> For use by any private investigative agency or security service licensed by this state for any purpose permitted pursuant to RSA 260:14, V (a), other than for bulk distribution for surveys, marketing or auctions pursuant to RSA 260:14, V (a)(6) [RSA 260:14 V (a)(6)].  <small>Include specific reason here</small></p> <p><input checked="" type="checkbox"/> By an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license [RSA 260:14 V (a)(7)].</p> <p><input type="checkbox"/> By a public utility to perform its public service obligation provided the individual has given their express consent [RSA 260:14, V (a)(8)].</p> <p><input type="checkbox"/> For an insurance company or by its authorized agent [RSA 260:14 V (a)(2)].</p> <p><input type="checkbox"/> Vehicle or boat information only.</p> <p><input type="checkbox"/> For use by a life insurance company authorized to write life insurance policies in New Hampshire, or its authorized agent. In checking off this box, I represent that the named person's written consent to the release of the record has been obtained and that the record will be used solely in connection with claims investigation, rating, and underwriting. _____ [(RSA 260:14, V(a)(10))]  <small>(Initial here)</small></p>
<p><b>V. Search For (provide all applicable information):</b></p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Registration/Plate #: _____</p> <p>Driver License/I.D. #: _____</p> <p>Vehicle Identification #: _____</p>	<p>Last Known Address: _____</p> <p>Date of Accident: _____</p> <p>Location of Accident: _____  <small>Route/Street City/Town</small></p> <p>Other Identification Information: _____</p>

**\*\*\*Reverse Side Must Be Completed Before Processing\*\*\***

**VI. Signed Authorization:**

If you are requesting your record be released to another person, the authorization of the person listed in Section V "Search For" must be acknowledged by a Notary Public or a Justice of the Peace on the back of this form.

<b>Notary Public / Justice of the Peace Acknowledgement:</b> I authorize my record to be released to a third person:  _____ (Signature) Date: _____ State of _____, County of: _____ ss: Date: _____ The above named _____ personally appeared and made oath that the above declaration by him is true. In witness whereof I hereunto set my hand and official seal:  _____ Notary Public/Justice of the Peace Commission Expiration _____	<b>Certification:</b> I have read RSA 260:14 and I understand the limitations placed on the use of information received by the Department of Safety. This form is signed under penalty of unsworn falsification pursuant to RSA 641:3 and subject to the penalties specified in RSA 260:14, IX.  _____ <b>Signature of Requestor</b> Date: _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**VIII. PENALTY CLAUSE:**

RSA 260:14, IX states as follows:

(a) A person is guilty of a class B misdemeanor if such person knowingly discloses information from a department record to a person known by such person to be an unauthorized person; knowingly makes a false representation to obtain information from a department record; or knowingly uses such information for any use other than the use authorized by the department. In addition, any professional or business licenses issued by this state and held by such person may, upon conviction and at the discretion of the court, be revoked permanently or suspended. Each such unauthorized disclosure, unauthorized use or false representation shall be considered a separate offense.

(b) A person is guilty of a class B felony if, in the course of business, such person knowingly sells, rents, offers, or exposes for sale motor vehicle records to another person in violation of this section.

<b>OFFICIAL USE ONLY</b>	
Date Received: _____	Date Sent: _____
Type of Identification: <input type="checkbox"/> Valid Photo Driver License <input type="checkbox"/> State-Issued Photo ID <input type="checkbox"/> Valid Military Identification <input type="checkbox"/> Valid Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (specify) _____	
ID Number _____	
Employee Verifying Applicant Identification (Print Name) _____	Signature _____

**DO NOT WRITE BELOW THIS LINE**