



City of Abilene

Boards & Commissions Application

Your Information

FIRST	LAST	LIVE WITHIN CITY LIMITS? <input type="checkbox"/> YES <input type="checkbox"/> NO
HOME ADDRESS	CITY STATE ZIP	NUMBER OF YEARS AS AN ABILENE RESIDENT
MAILING ADDRESS	CITY STATE ZIP	HOME PHONE
CELL PHONE	EMAIL ADDRESS	RETIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO
OCCUPATION/FORMER OCCUPATION	BUSINESS ADDRESS	BUSINESS PHONE
EMPLOYER	VOTER REGISTRATION NUMBER or DATE OF BIRTH*	

*Note: For specific boards, being a registered voter is required. The city can only verify through this through a voter registration number or date of birth.

Previous Experience on Boards, Commissions, or Other Civic Organizations

BOARD OR ORGANIZATION	CITY, STATE	YOUR ROLE	DATES SERVED

Please describe your education, professional affiliations, special knowledge, qualifications or expertise that relates to your possible appointment (attach additional sheets if needed): _____

Please give a brief statement of why you would like to be appointed to a Board or Commission: _____

While there is no guarantee of an appointment, all applications will be considered equally. Applications will be kept on file for one year and then either updated or withdrawn by the applicant. Please list the boards you are interested in serving:

Recognizing that serving on a Board or Commission is often time consuming and most meet on a monthly basis, are you committed to attending all regularly scheduled meetings? YES I CAN TRY

I have attended one or more meetings of the board or commission for which I have applied. YES NO

Have you been convicted of a felony? YES NO

I do hereby authorize the City of Abilene to run a criminal background check, and release the City of Abilene and its agents and employees from any and all liability and/or damage which may result from the furnishing of any background check information.

YES NO

Applicant Signature _____ Date _____



DISCLOSURE AND AUTHORIZATION – EMPLOYMENT OR VOLUNTEER

In connection with my application for a board or committee position with the City of Abilene , consumer reports will be requested. These reports may include the following types of information as applicable: names and dates of previous employers, reason for termination of employment, work experience, reasons for termination of tenancy, former landlords, education, accidents, licensure, credit, drug screen, DOT history, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, credit, judgments, bankruptcy proceedings, eviction's, criminal records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports gathered from personal interviews with former employers or landlords, past or current neighbors and associates of mine, etc. to gather information regarding my work or tenant performance, character, general reputation and personal characteristics and mode of living (lifestyle) may be obtained.

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). If hired, contracted or accepted for "employment", this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract/volunteer) period. California, Minnesota and Oklahoma Applicants only: Check box if you request a copy of any consumer report ordered on you.

I acknowledge that I have been provided a copy of consumer's rights under the Fair Credit Reporting Act.

Signature

Date

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: _____

Email Address (if you wish to be contacted this way): _____

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

Drivers License No.: _____; State of Issue: _____